

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010960

**Entity Name:** DUNES OF AMELIA OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 47-2452947

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDIAN PROPERTY MANAGEMENT, LLC  
414 OLD HARD ROAD  
SUITE 502  
FLEMING ISLAND, FL 32003 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name WOOD, SUSAN D  
Address 414 OLD HARD ROAD; SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DS  
Name EDWARDS, MABRY  
Address 414 OLD HARD ROAD SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DVT  
Name SPENCER, SANDRA S  
Address 414 OLD HARD ROAD; SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DVT  
Name SPENCER, SANDRA S  
Address 414 OLD HARD ROAD; SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DP  
Name WOOD, SUSAN D  
Address 414 OLD HARD ROAD; SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

Title DS  
Name EDWARDS, MABRY  
Address 414 OLD HARD ROAD SUITE 502  
City-State-Zip: FLEMING ISLAND FL 32003

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA SPENCER

VP

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date