

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001003

**Entity Name:** GULF DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC6351278465**

**Current Principal Place of Business:**

376 SANTA ROSA BOULEVARD  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

43 MIRACLE STRIP PKWY SOUTHWEST  
FORT WALTON BEACH, FL 32548 US

**FEI Number: 59-3464895**

**Certificate of Status Desired: No**

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

SHOREY, RON  
43 MIRACLE STRIP PARKWAY S. W.  
FORT WALTON BEACH, FL 32548 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            PRESIDENT  
Name            HUDSON, CHARLIE  
Address        5610 OLDE ATLANTA PARKWAY  
City-State-Zip: SUWANNEE GA 30024

Title            DT  
Name            BLAHA, JAMES  
Address        376 SANTA ROSA BLVD. #303  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            VP  
Name            GARGUILO, FRANK  
Address        1765 PORTERTON WAY  
City-State-Zip: CUMMING GA 30041

Title            SECRETARY  
Name            TANKSLEY, JEPHTHA  
Address        376 SANTA ROSA BLVD #204  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            DIRECTOR  
Name            WILSON, SHARON  
Address        376 SANTA ROSA BLVD #511  
City-State-Zip: FORT WALTON BEACH FL 32548

Title            DIRECTOR  
Name            DAVIS, BARRY  
Address        102 ENDICOTT RIDGE  
City-State-Zip: PEACHTREE CITY GA 30269

*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: CHARLIE HUDSON**

**PRESIDENT**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date