## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#719692**

FILED Apr 13, 2009 Secretary of State

Entity Name: SILVER DUNES CONDOMINIUM OF DESTIN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1030 HIGHWAY 98 EAST DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** 1030 HIGHWAY 98 EAST DESTIN, FL 32541 FEI Number: 59-1471816 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, PAMELA D 1030 HIGHWAY 98 E DESTIN, FL 32541 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, JIM Name: Name: 172 TUCKAHOE LANE Address: Address: City-St-Zip: MEMPHIS, TN 38117 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete LONG, WILLIAM DR Name: TENENT, EDGAR Name: Address: 325 INKBERRY LN. Address: 6396 OLD ORCHARD COVE City-St-Zip: MEMPHIS, TN 38117 City-St-Zip: MEMPHIS, TN 38119 Title: () Delete Title: (X) Change ( ) Addition GASSAWAY, SAM CLARK, MARSHALL Name: Name: 187 ASCOT PARK COMMON 1 CHEROKEE DR Address: Address: City-St-Zip: MEMPHIS, TN 38120 City-St-Zip: MEMPHIS, TN 38111 Title: ( ) Delete Title: (X) Change ( ) Addition Name: TURNER, RANDOLPH Name: CAMPBELL, SUSAN 1325 EASTMORELAND #580 Address: Address: 9919 LEE CT City-St-Zip: MEMPHIS, TN 38104 City-St-Zip: LEAWOOD, KS 66206 Title: VΡ () Delete Title: (X) Change ( ) Addition BEASLEY, ED MCLEOD, JIM Name: Name: 2585 NATCHEZ LANE 221 CARDEN AVE Address: Address: City-St-Zip: MEMPHIS, TN 38111 City-St-Zip: NASHVILLE, TN 37205 Title: () Delete Title: () Change () Addition MILLER, PAMELA D Name: Name: Address: 507 NELSON PONIT Address: NICEVILLE, FL 32578 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA D MILLER PS 04/13/2009