

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723784

FILED
Feb 06, 2007
Secretary of State

Entity Name: THE DUNES CLUB ASSOCIATION, INC.

Current Principal Place of Business:

245 NE MAC ARTUR BLVD
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1938
STUART, FL 34995

New Mailing Address:

FEI Number: 59-1517672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISER, CAROL
2501 SW PARKSIDE DRIVE
STUART, FL 34990 US

Name and Address of New Registered Agent:

REISER, CAROL
2501 SW PARKSIDE DRIVE
PALM CITY, FL 34990 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: CAROL J. REISER

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAMIDA, LENNY
Address: 1701 SW 110TH TERRACE
City-St-Zip: DAVIE,, FL 33324

Title: VP () Delete
Name: DR. GILCHRIST, RAEL UNIT 13
Address: 4873 SUNKISTWAY
City-St-Zip: COOPERCITY,, FL 33330

Title: T () Delete
Name: SNYDER, LYNN
Address: 114 SYLVAN LAKE BLVD.
City-St-Zip: BAYVILLE,, NJ 08721

Title: S () Delete
Name: KENNEY, JOAN
Address: 1071 BEECHWOOD BLVD.
City-St-Zip: PITTSBURGH,, PA 15206

Title: D () Delete
Name: ALESSI, JOHN UNIT 16
Address: 10304 SW 87TH COURT
City-St-Zip: MIAMI,, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALESSI, JOHN
Address: 10304 SW 87TH COURT
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KREBS, GERD
Address: 245 NE MAC ARTHUR BLVD.
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL J. REISER

MGR

02/06/2007

Electronic Signature of Signing Officer or Director

Date