

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743126

Entity Name: GULF DUNES, INC.

FILED
Oct 06, 2005
Secretary of State

Current Principal Place of Business:

460 GULF BLVD
P.O. BOX 1005
BOCA GRANDE, FL 33921 US

Current Mailing Address:

P.O. BOX 1005
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

460 GULF BLVD
BOCA GRANDE, FL 33921 US

New Mailing Address:

4215 DEL PRADO BLVD.
CAPE CORAL, FL 33904 US

FEI Number: 59-2752686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MADSEN, THOMAS C
5800 GASPARILLA ROAD
P.O. BOX 1005
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

CARUSO, GINGER L PRES.
4926 NORTH MELROSE AVENUE
TAMPA, FL 33629 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: GINGER L. CARUSO

10/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: YOUNG, STANLEY,
Address: 5810 BIMINI WAY
City-St-Zip: ST. PETERSBURG, FL

Title: PD () Delete
Name: DAVIS, MARGARET P.,
Address: 362 W. MOHAWK DR.
City-St-Zip: MALVERN, OH

Title: VD () Delete
Name: MAURAN, LOUISE
Address: 120 CONGDON ST
City-St-Zip: PROVIDENCE, RI 029061413

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: YOUNG, STANLEY,
Address: 5810 BIMINI WAY
City-St-Zip: ST. PETERSBURG, FL 33706 US

Title: PRES (X) Change () Addition
Name: GINGER L. CARUSO,
Address: 4926 NORTH MELROSE AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: VP (X) Change () Addition
Name: MAURAN, LOUISE
Address: 120 CONGDON ST
City-St-Zip: PROVIDENCE, RI 029061413 US

Title: VP/T () Change (X) Addition
Name: MICHAEL, MCMILLAN
Address: 4215 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GINGER L. CARUSO

PRES

10/06/2005

Electronic Signature of Signing Officer or Director

Date