2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# 744513

Entity Name: THE SAND DUNES ASSOCIATION, INC.

Current Principal Place of Business:

8041 BLIND PASS ROAD
ST. PETERSBURG BEACH, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

8041 BLIND PASS ROAD
ST. PETERSBURG BEACH, FL 33706 US

New Mailing Address:

FEI Number: 59-2018858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOP, JUDITH A
8041 BLIND PASS RD
ST PETERSBURG BEACH, FL 33706 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BROWN, PHILIP
Address: 1116 BRAMBLEWOOD DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: STD ( ) Delete
Name: PERKINS, BRUCE
Address: 5760 BROADWAY
City-St-Zip: INDIANAPOLIS, IN 46220

Title: D ( ) Delete
Name: MERK, DENNIS
Address: 303 WHITERIDGE ROAD
City-St-Zip: LAWRENCEBURG, IN 47025

Title: D ( ) Delete
Name: CLEARY, TAMMY
Address: 71 ROXBURY PARK
City-St-Zip: EAST AMHERST, NY 14051

Title: VPD ( ) Delete
Name: LANCASTER, CONNIE
Address: 1234 BEACH DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: PERKINS, BRUCE
Address: 5760 BROADWAY
City-St-Zip: INDIANAPOLIS, IN 46220

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

Title: STD (X) Change ( ) Addition
Name: HIGGINS, GAIL
Address: 204 120TH AVENUE WEST C-1
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D (X) Change ( ) Addition
Name: LANCASTER, CONNIE
Address: 1234 BEACH DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33701

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: JUDITH A RESOP PM 02/14/2008

Electronic Signature of Signing Officer or Director — Date