

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744513

FILED  
Feb 05, 2009  
Secretary of State

**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: VPD ( ) 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: STD ( ) Delete  
Name: HIGGINS, GAIL  
Address: 204 120TH AVENUE WEST C-1  
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JUDITH A RESOP

PM

02/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date