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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765284** (5)

1. Corporation Name
THE DUNES CLUB COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034	AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034

3. Date Incorporated or Qualified: 10/05/1982

4. FEI Number: 59-2411386 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY, 34
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HARDWICK, JAMES O.		1.2 NAME	Hardwick, James	
STREET ADDRESS	AMELIA ISLAND PLANTATION		1.3 STREET ADDRESS	6735 Linford Lane	
CITY-ST-ZIP	AMELIA ISLAND FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	VD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	GESSNER, GENE		2.2 NAME		
STREET ADDRESS	123 N LINN ST #2E		2.3 STREET ADDRESS		
CITY-ST-ZIP	IOWA CITY, IO		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	HOWARD, JOHN		3.2 NAME	Henderson, Tom	
STREET ADDRESS	49 LIBERTY ST		3.3 STREET ADDRESS	118 Van Houton AV	
CITY-ST-ZIP	WILTON CT		3.4 CITY-ST-ZIP	Chatham, NJ 07928	
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	ADELMAN, ROBERT D		4.2 NAME		
STREET ADDRESS	1540 BEACHWALKER RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAZARIAN, CARL		5.2 NAME		
STREET ADDRESS	6312 ROCKWELL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURKE VA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME			6.2 NAME	Shaw, Donald	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. Box 8312 N/A	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Fernandina Beach, FL 32035	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert P. Adelman Robert Adelman 2/23/98 904-277-8484

Additional Board Member to The Dunes Club Community Association, Inc.

Cher Haile
466 N. St. Marys
Marietta, GA 30064