FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 765284

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

Principal Place of Business AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

AMELIA ISLAND PLANTATION AMELIA ISLAND FL 32034

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90135 033 ****61.25



3. Date incorporated or Qualifed

10/05/1982

Suite, Apt. I	ŧ, etc.	Suite, Ap	Suite, Apt. #, etc.				4. FEI Number		App	lied For
12		27				59-2411386		Not	Applicable	
City & State	3	City & St	City & State				E. Cartifornia of Status Desired		\$8.75 A	
3 -		28	-				5. Certificate of Status Desired	<u>. </u>	Fee Rec	uired
Zip				Country	Country		6. Election Campaign Financing		\$5.00	May Be
4	25 29 30]			Trust Fund Contribution	<u> </u>	Added to	Fees
:	9. Name and Address of Current I	Registered Age	nt				10. Name and Address of New R	egistered /	Agent	
				81	Name					
AMELIA ISLAND MANAGEMENT				82	Street Address (P.O. Box Number is Not Acceptable)					
3000 FIRST COAST HWY, 34				02	02 Olioti Addigos (F.O. DON Hallings in Hot Acceptance)					
AMELIA ISLAND FL 32034						•				
AMELIA ISLAID I L SESST						85 Zip Code				
				84	City			FL	85 Zip C	ode
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 registance.										egistered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I neteby accept the appointment as registered										
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered 2) 12. OFFICERS AND DIRECTORS 13.						-40.00 11	ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	HARDWICK, JAMES	_		1.2 NAME						
	6735 LINFORD LANE			1.3 STREET	ADDDESS					
STREET ADDRESS	JACKSONVILLE FL 32217									
CITY-ST-ZIP	TD		DELETE	1.4 CITY-S	I-ZIP			·····	Change	Addition
TITLE	GESSNER, GENE	_	J DELETE	2.2 NAME						_
NAME	-									
STREET ADDRESS	123 N LINN ST #2E			2.3 STREET			•			
CITY-ST-ZIP	IOWA CITY, IO		LOCUETE	2. 4 CITY-S	17- ZIP				Change	Addition
TITLE	VP] DELETE	3.1 TITLE			2	.		
ÑAMÉ	Enstroom, rom		3.2 NAME		ľ		, -		•	
STREET ADDRESS	118 VAN HOUTON AVE			3.3 STREET	ADDRESS					
CITY-ST-ZIP	CHATHAM NJ 07928	·		3.4. CITY-S	T-ZIP				Change	☐ Addition
TITLE	PD	L	DELETE	4.1 TITLË					Change	C) 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-S	T-ZIP				70 a.	—
TITLE	D	Ε	DELETE	5.1 TITLE					[X] Change	☐ Addition
NAME	BAZARIAN, CARL		`	5.2 NAME						
STREET ADDRESS	6312 ROCKWELL RD.			5.3 STREET	TADDRESS		OUNES ROW			
CITY-ST-ZIP	BURKE VA			5.4 CITY-S	T-ZIP	AME	IA ISLAND, FL 32034			
TITLE	SD	Į.	DELETE	6.1 TITLE		SD			Change	Addition
NAME	SHAW, DONALD			6.2 NAME		SCHN	ODT, CHARLES			
STREET ADDRESS	P O BOX 8312 N/A			6.3 STREET	TADDRESS	ž .	BEACH WALKER RD			
CITY-ST-ZIP	FERNANDINA BCH FL 32035			6.4 CITY-S	T-ZIP	,	IA ISLAND. FL 32034			
14. I hereby c	ertify that the information supplied with	this filing does	not qualify for the	exempt	on stated	d in Sec	tion 119.07(3)(i), Florida Statutes.	further cer	tify that the in	formation

I. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 charaged, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT P. ADELMAN 2/5

(904)277≅8484 **9**

Daytime Phone #

R2E037_(11/98)_

765284 401122-90135-33

Director

Nancy Rounsaville 147 Blackland Road Atlanta, GA 30342