

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765284

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2411386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D HARDWICK, JAMES**
STREET ADDRESS **6735 LINFORD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TD GESSNER, GENE**
STREET ADDRESS **123 N LINN ST #2E**
CITY-ST-ZIP **IOWA CITY, IO**

TITLE ☐ Change ☒ Addition
NAME **TD SENEKER, JERRY**
STREET ADDRESS **3270 SPALDING DRIVE**
CITY-ST-ZIP **DUNWOODY, GA 30350**

TITLE ☐ Delete
NAME **VP HENDERSON, TOM**
STREET ADDRESS **118 VAN HOUTON AVE**
CITY-ST-ZIP **CHATHAM NJ 07928**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD ADELMAN, ROBERT D**
STREET ADDRESS **1540 BEACHWALKER RD.**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BAZARIAN, CARL**
STREET ADDRESS **20 DUNES ROW**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD SCHMIDT, CHARLES**
STREET ADDRESS **1504 BEACH WALKER RD**
CITY-ST-ZIP **AMELIA ISLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, 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

Date

Daytime Phone #

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90022 027 ****61.25



DO NOT WRITE IN THIS SPACE

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DUNES CLUB COMMUNITY ASSOCIATION, INC.
BOARD OF DIRECTORS, cont.

Nancy Rounsaville
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Atlanta, GA 30342

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FAX 404-261-0333