

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90349 009 ****61.25

DOCUMENT # 765284 1. Entity Name THE DUNES CLUB COMMUNITY ASSOCIATION, INC.					
Principal Place of Business AMELIA ISLAND PLANTATION 3000 FISRT COAST HIGHWAY AMELIA ISLAND, FL 32034			Mailing Address AMELIA ISLAND PLANTATION 3000 FISRT COAST HIGHWAY 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		Country		Country	
4. FEI Number 59-2411386				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREGORY, DAVID AMELIA ISLAND MANAGEMENT 3000 FIRST COAST MANAGEMENT AMELIA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDWICK, JAMES		NAME		
STREET ADDRESS	5472 FIRST COAST HWY #13		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHLEGAL, DAVID		NAME	Seneker, Jerry	
STREET ADDRESS	1677 SEA DUNES		STREET ADDRESS	c/o Old Fashion Foods	
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP	5521 Collins Blvd, Austell, GA 30106	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COVIE, FRANK		NAME		
STREET ADDRESS	405 CREW ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH WAKE FIELD, NH 03872		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADELMAN, ROBERT D		NAME	Burns, Ann	
STREET ADDRESS	1540 BEACHWALKER RD.		STREET ADDRESS	4392 Club Drive NE	
CITY-ST-ZIP	AMELIA ISLAND, FL		CITY-ST-ZIP	Atlanta, GA 30319	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUKE, JEAN		NAME		
STREET ADDRESS	8 DUNES ROW		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RION, LYNN		NAME		
STREET ADDRESS	51 LITTLE DUNES CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	AMELIA ISLAND, FL 32034		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

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The Dunes Club Community Association, Inc.

10. Officers and Directors (continued)

D	Addition
Brown, Dr. Dempsey	
129 Covington Place	
Macon, GA 31210	