

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767829

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** SUGAR DUNES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

142 BEACHSIDE DR  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

174 WATER COLOR WAY  
SUITE 169  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 59-2959263      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN KANNEL, NANCY A  
22629 LAKEVIEW DRIVE  
PANAMA CITY BEACH, FL 32413 US

**Name and Address of New Registered Agent:**

VAN KANNEL, NANCY A  
22631 LAKEVIEW DRIVE  
PANAMA CITY BEACH, FL 32413 US

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

01/06/2009

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: HAMILTON, JAMIE  
Address: 125 WRSHIRE CORT  
City-St-Zip: DULUTH, GA 30097

Title: PD ( ) Delete  
Name: LEWELLEN, MELINDA  
Address: 3412 WEST HAMPTON WAY  
City-St-Zip: GAINESVILLE, GA 30506

Title: VD ( ) Delete  
Name: WAND, RON  
Address: 870 WADDINGTON CT  
City-St-Zip: ATLANTA, GA 30350

**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:

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: MELINDA LEWELLEN

Electronic Signature of Signing Officer or Director

PD

01/06/2009

Date