

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767831

FILED
Apr 12, 2009
Secretary of State

Entity Name: INLET DUNES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

81 SOUTH ORANGE STREET
PANAMA CITY, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4762
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2328933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLPHIN DEVELOPERS, LLC
5008 HWY 98 WEST
SUITE 2B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STANFORD, EARNEST
Address: 19707 QUAIL CREEK DRIVE
City-St-Zip: FAIRHOPE, AL 36532

Title: P () Delete
Name: VAN LOO, ELIZABETH
Address: 2906 HERITAGE DR #101
City-St-Zip: DOTHAN, AL 36303 US

Title: VP () Delete
Name: MARSH, HADEN
Address: 502 WINDSOR DR
City-St-Zip: BIRMINGHAM, AL 35209 US

Title: S () Delete
Name: CROWLEY, KATHLEEN
Address: 1205 BUENA VISTA BLVD
City-St-Zip: PANAMA CITY, FL 32401 US

Title: T () Delete
Name: FISHER, RICHARD
Address: 684 TASSO ROAD NE
City-St-Zip: CLEVELAND, TN 37323

Title: D (X) Delete
Name: JOHNSON, JD
Address: 404 SEABREEZE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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:

Title: () Change () Addition
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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: ALAN BRUNI

MGR

04/12/2009

Electronic Signature of Signing Officer or Director

Date