


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90041 004 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # 769791 | |  | |
| 1. Entity Name OCEAN DUNES CLUB PROPERTY OWNERS ASSOCIATION, INC. | | Principal Place of Business 5311-19 SOUTH HIGHWAY A1A MELBOURNE, FL 32951 US | |
| Mailing Address C/O WAYNE ADAMS PO BOX 25048 WASHINGTON, DC 20007 US | | 2. Principal Place of Business - No P.O. Box # | |
| Suite, Apt. #, etc. | | 3. Mailing Address <i>C/O ANTONETTE CLEVELAND</i> Suite, Apt. #, etc. <i>1276 Hermitage Rd</i> | |
| City & State | | City & State <i>MANAKIN SABOT, VA</i> | |
| Zip | Country | 4. FEI Number 65-0051944 | Applied For Not Applicable |
| <i>23103</i> | <i>US</i> | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SAMOLEWICZ, RICHARD C/O RIGHT MANAGEMENT 2101 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | SAMOLEWICZ, RICHARD | NAME | |
| STREET ADDRESS | P O BOX 510723 | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 329510723 | CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <i>D/V/S</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GUERRA, ROBERT | NAME | <i>same</i> |
| STREET ADDRESS | 5311 SOUTH HWY A1A | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, SHELTON | NAME | |
| STREET ADDRESS | 5313 SOUTH HWY A1A | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <i>D/P/T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, DONALD | NAME | <i>Antonette Cleveland</i> |
| STREET ADDRESS | 5317 S. HWY A1A | STREET ADDRESS | <i>5317 S. HWY A1A</i> |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | CITY-ST-ZIP | <i>Melbourne Beach, FL 32957</i> |
| TITLE | DPT <input type="checkbox"/> Delete | TITLE | <i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, WAYNE | NAME | |
| STREET ADDRESS | 5319 S. HWY A1A | STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: <i>Antonette Cleveland</i> | | Date: <i>804-516-6970</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |