


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90078 042 ****61.25

DOCUMENT # 769791

1. Entity Name
OCEAN DUNES CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**5311-19 SOUTH HIGHWAY AIA
 MELBOURNE, FL 32951 US**

Mailing Address
**C/O ANTONETTE CLEVELAND
 1276 HERMITAGE RD.
 MANAKIN SABOT, VA 23103 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country


3. Mailing Address
28 Cobblestone Circle
 Suite, Apt. #, etc.
#4
 City & State
Richmond, VA
 Zip Country
23238 Goochland

4. FEI Number
65-0051944

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

01142008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

**SAMOLEWICZ, RICHARD
 C/O RIGHT MANAGEMENT
 2101 W. COMMERCIAL BLVD.
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMOLEWICZ, RICHARD P O BOX 510723 MELBOURNE BEACH, FL 329510723	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GUERRA, ROBERT 5311 SOUTH HWY A1A MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, SHELTON 5313 SOUTH HWY A1A MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CLEVELAND, ANTONETTE 5317 S. HWY A1A MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ADAMS, WAYNE 5319 S. HWY A1A MELBOURNE BEACH, FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DPT Czechowski, William Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Antonette J. Cleveland* **ANTONETTE J. CLEVELAND** **1/17/08** **(804)708-0118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #