

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770197

FILED
May 01, 2008
Secretary of State

Entity Name: SEAGROVE BEACH DUNE VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3723 EAST C-30A
SEAGROVE BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4704
SEAGROVE BEACH, FL 32459

New Mailing Address:

FEI Number: 59-2844597 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ.
1414 CO HWY 283 S STE B
SANTA ROSA BCH, FL 32459 US

Name and Address of New Registered Agent:

ARTHUR, JULIA
3723 E, C30A
SANTA ROSA BCH, FL 32459 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: JULIA ARTHUR

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BELL, PAT
Address: 8 RIVER VIEW POINT
City-St-Zip: LITTLE ROCK, AR 72227

Title: PD () Delete
Name: NOBLE, DAVID
Address: 2545 CIRCLEWOOD DRIVE
City-St-Zip: ATLANTA, GA 30345

Title: D () Delete
Name: MCDONALD, GARY,
Address: 2264 STONE CREEK TRAIL
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: STD () Delete
Name: WHITE, KIEMAN
Address: 4253 STONE RIVER R
City-St-Zip: BIRMINGHAM, AL 35213

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELL, PAT
Address: 8 RIVER VIEW POINT
City-St-Zip: LITTLE ROCK, AR 72227

Title: VPD (X) Change () Addition
Name: NOBLE, DAVID
Address: 2545 CIRCLEWOOD DRIVE
City-St-Zip: ATLANTA, GA 30345

Title: STD (X) Change () Addition
Name: MCDONALD, GARY,
Address: 2264 STONE CREEK TRAIL
City-St-Zip: CUYAHOGA FALLS, OH 44223

Title: PD (X) Change () Addition
Name: WHITE, KIEMAN
Address: 4253 STONE RIVER R
City-St-Zip: BIRMINGHAM, AL 35213

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: JULIE EDWARDS

MRS

05/01/2008

Electronic Signature of Signing Officer or Director

Date