

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000074

Entity Name: TCR DUNES, INC.

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

495 N KELLER RD
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

6400 CONGRESS AVE.
SUITE 2100
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 75-2795979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CROW, HARLAN R
Address: 2001 ROSS AVE., SUITE 3200
City-St-Zip: DALLAS, TX 75201

Title: PD () Delete
Name: MCGWIER, MICHAEL
Address: 2859 PACES FERRY RD. STE. 1100
City-St-Zip: ATLANTA, GA 30339

Title: VD () Delete
Name: TERWILLIGER, J. RONALD
Address: 2859 PACES FERRY ROAD, SUITE 1100
City-St-Zip: ATLANTA, GA 30339

Title: VST () Delete
Name: PATTERSON, THOMAS
Address: 2001 BRYAN ST. STE. 3700
City-St-Zip: DALLAS, TX 75201

Title: AS () Delete
Name: STEINHARDT, SHARI
Address: 6400 CONGRESS AVE., S T.E 2100
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: KOLAR, ALAN
Address: 495 N KELLER ROAD
City-St-Zip: MAITLAND, FL 32751

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI STEINHARDT

AS

03/07/2006

Electronic Signature of Signing Officer or Director

Date