

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # G70233

1. Entity Name
SEMINOLE DUNES, INC.



Principal Place of Business

2007 SEMINOLE RD
ATLANTIC BEACH, FL 32233 US

Mailing Address

2007 SEMINOLE RD
ATLANTIC BEACH, FL 32233 US

DO NOT WRITE IN THIS SPACE



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2446145

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREWS, JULIE
2007 SEMINOLE RD
ATLANTIC BEACH, FL 32233

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CREWS, JULIE
STREET ADDRESS 2007 SEMINOLE RD
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE VS
NAME MCKINNON, SHARON
STREET ADDRESS 2001 SEMINOLE RD
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000564319
05/20/06-80059-012 150.00

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IN THIS SPACE**

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 607, 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:

Julie R Crews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

904 994 0513

Daytime Phone #