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May 06, 1999 8:00 am  
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05-06-1999 90049 021 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H13603

1. Corporation Name  
BARRIER DUNES DEVELOPMENT CORPORATION

Principal Place of Business  
7118 BEECH RIDGE TRAIL  
TALLAHASSEE FL 32312  
US

Mailing Address  
7118 BEECH RIDGE TRAIL  
TALLAHASSEE FL 32312  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1984

4. FEI Number

58-1581660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2930 Wellington Cir. South

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 USA

2a. Mailing Address

26 2930 Wellington Cir. So.

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Tallahassee, FL

Zip

29 32308

Country

30 USA

9. Name and Address of Current Registered Agent

CONNER, MARK A  
7118 BEECH RIDGE TRAIL  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

Albert J. Conner, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2930 Wellington Circle South, Ste. 101

83

84 City

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE ~~RTD~~ ☒ DELETE

NAME ~~CONNER, MARK A~~

STREET ADDRESS ~~7118 BEECH RIDGE TRAIL~~

CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ~~VPD~~ ☒ DELETE

NAME ~~FLOWERS, LANGDON JR~~

STREET ADDRESS ~~329 NORTH BROAD~~

CITY-ST-ZIP ~~TAHOMSVILLE GA~~

TITLE ~~SD~~ ☒ DELETE

NAME ~~DECHMAN, ANNE~~

STREET ADDRESS ~~7118 BEECH RIDGE TRAIL~~

CITY-ST-ZIP ~~TALLAHASSEE FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - Director ☐ Change ☒ Addition

1.2 NAME Albert J. Conner, Jr.

1.3 STREET ADDRESS 2930 Wellington Circle S., Ste. 101

1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE Vice President - Director ☐ Change ☒ Addition

2.2 NAME James F. Heidenreich

2.3 STREET ADDRESS 2930 Wellington Circle S., Ste. 101

2.4 CITY-ST-ZIP Tallahassee, FL 32308

3.1 TITLE Secretary - Director ☐ Change ☒ Addition

3.2 NAME Judy C. Williams

3.3 STREET ADDRESS 2930 Wellington Circle South, Ste. 101

3.4 CITY-ST-ZIP Tallahassee, FL 32308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert M. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

850-894-0018

Daytime Phone #

CR2E034 (11/98)