2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005012

FILED Apr 30, 2007 Secretary of State

	me: SANDY DUNES HOMEOWNERS'	ASSOCIATION, INC.
Current P	rincipal Place of Business:	New Principal Place of Business:
1919 JO TA NAVARRE	AM LANE E, FL 32566	1952 JO TAM LANE NAVARRE, FL 32566
Current Mailing Address:		New Mailing Address:
PO BOX 58 NAVARRE	885 E, FL 32566	
FEI Number:	: 59-3668287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agen	t: Name and Address of New Registered Agent:
1919 JÓ T	RICA L RA AM LANE E, FL 32566 US	MCCLOSKEY, DONNA D RA 1952 JO TAM LANE NAVARRE, FL 32566 US
n the State	e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: DONNA D MCCLOSKEY	04/30/2007
	Floatronic Signature of Pogistore	1 Agent Date
) FEICED	Electronic Signature of Registered	-
Γitle: Name: Address:	Electronic Signature of Registered S AND DIRECTORS: PD () Delete GARCIA, LORENZO 1956 JO TAM LANE NAVARRE, FL 32566	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD () Delete GARCIA, LORENZO 1956 JO TAM LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () Delete GARCIA, LORENZO 1956 JO TAM LANE NAVARRE, FL 32566 VD () Delete SAMPLES, CARL 1959 JO TAM LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: DONNA MCCLOSKEY 04/30/2007 TD