

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED****DOCUMENT# N00000005012****Oct 29, 2009  
Secretary of State****Entity Name:** SANDY DUNES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1952 JO TAM LANE  
NAVARRA, FL 32566**New Principal Place of Business:**1955 JO TAM LANE  
NAVARRA, FL 32566**Current Mailing Address:**PO BOX 5885  
NAVARRA, FL 32566**New Mailing Address:****FEI Number:** 59-3668287      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MCCLOSKEY, DONNA D RA  
1952 JO TAM LANE  
NAVARRA, FL 32566 US**Name and Address of New Registered Agent:**EVANS, MAUREEN  
1955 JO TAM LANE  
NAVARRA, FL 32566 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:** MAUREEN EVANS

10/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: GARCIA, LORENZO  
Address: 1956 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566Title: VD ( ) Delete  
Name: SAMPLES, CARL  
Address: 1959 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566Title: TD ( ) Delete  
Name: MCCLOSKEY, DONNA  
Address: 1952 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566Title: SD ( ) Delete  
Name: BAYLESS, DIANNE  
Address: 1927 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change ( ) Addition  
Name: EVANS, GERALD  
Address: 1955 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: TD (X) Change ( ) Addition  
Name: EVANS, MAUREEN  
Address: 1955 JO TAM LANE  
City-St-Zip: NAVARRA, FL 32566Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** GERALD EVANS

PD

10/29/2009

Electronic Signature of Signing Officer or Director

Date