

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90184 040 ****61.25

DOCUMENT # N00000006154

1. Entity Name
DUNES ESTATES AT SEAGROVE HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
12899 EMERALD COAST PARKWAY
SUITE 111-A
DESTIN, FL 32550

Mailing Address
12899 EMERALD COAST PARKWAY
SUITE 111-A
DESTIN, FL 32550

50044911



2. Principal Place of Business
5311 E. CO. HWY 30A
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4703
Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State
SANTA ROSA BEACH, FL
Zip
32469
Country

City & State
SANTA ROSA BEACH, FL
Zip
32469-4703
Country

4. FEI Number
59-3670551
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUE, ROB JR.
221 MCKENZIE AVENUE
PANAMA CITY, FL 32402

7. Name and Address of New Registered Agent

Name
PRITCHETT, WALTER R.
Street Address (P.O. Box Number is Not Acceptable)
5311 E. CO. HWY 30A
STE 3
City
SANTA ROSA BEACH FL Zip Code
32459

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 *Walter R. Pritchett* WALTER R. PRITCHETT

4/18/2005

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARNST, TERRY 225 TALQUIN COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, TOMMY 724 HWY 98 EAST UNIT 101 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENRY, TODD R 4063 BURNING TREE DRIVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**SIGN
HERE**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, FLORA TEMPLETON 607 E. TENTH ST. BOWLING GREEN, KY 42101-6916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTLE, LISA 8012 TURTLE LANE COLTEWAH, TN 37363	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, ROBERT 10015 HIGH FALLS POINTE ALPHARETTA, GA 30022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *Flora Templeton Stuart* Flora Templeton Stuart-Director 4/18/05 850-231-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #