

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006154

FILED
Apr 03, 2008
Secretary of State

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

Current Principal Place of Business:

12273 US HWY 98
#204A
DESTIN, FL 32550

New Principal Place of Business:

1 DUNES ESTATES BLVD.
SEAGROVE BEACH, FL 32459

Current Mailing Address:

P.O. BOX 1895
DESTIN, FL 32540

New Mailing Address:

PO BOX 4762
SANTA ROSA BEACH, FL 32459

FEI Number: 59-3670551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MANAGEMENT
12273 US HWY 98 SUITE 204 A
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

DOLPHIN DEVELOPERS, LLC
5008 HWY 98 WEST
SUITE 2B
SANTA ROSA BEACH, FL 32459 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: AL BRUNI

04/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: TEMPLETON STUART, FLORA
Address: 607 E. TENTH STREET
City-St-Zip: BOWLING GREEN, KY 42101

Title: P () Delete
Name: HORNE, ANNE
Address: 10015 HIGH FALLS POINTE
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR () Delete
Name: LEIRER, WALT
Address: P O BOX 1895
City-St-Zip: DESTIN, FL 32540

Title: ST (X) Delete
Name: GERSON, FRED
Address: 117 PLAINSFIELD PL
City-St-Zip: JACKSON, TN 38305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TEMPLETON STUART, FLORA
Address: 607 E. TENTH STREET
City-St-Zip: BOWLING GREEN, KY 42101

Title: T (X) Change () Addition
Name: HORNE, ANNE
Address: 10015 HIGH FALLS POINTE
City-St-Zip: ALPHARETTA, GA 30022

Title: VP (X) Change () Addition
Name: WHITTLE, LISA
Address: 8012 TURTLE LANE
City-St-Zip: OOLTEWAH, TN 37363 US

Title: () 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: AL BRUNI

MGR

04/03/2008

Electronic Signature of Signing Officer or Director

Date