2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N00000007004

Entity Name: THE DUNES AT MINORCA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2600 NORTH PENINSULA AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

2600 NORTH PENINSULA AVE.
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-3707102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEEZEM, J. MICHAEL
2201 FOURTH ST. NORTH, STE. 200
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEPHENS, THOMAS
Address: 262 MINORCA BEACH WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32141

Title: S ( ) Delete
Name: DETTMAN, ED
Address: 253 MINORCA BEACH WAY #501
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V ( ) Delete
Name: GEITTMANN, MARGARET
Address: 253 MINORCA BEACH WAY 701
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T ( ) Delete
Name: LOBNETZ, EDWARD
Address: 262 MINORCA BEACH WAY
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete
Name: HYDE, DENNIS
Address: 253 MINORCA BEACH WAY #302
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS STEPHENS P 04/27/2006
Electronic Signature of Signing Officer or Director — Date