2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2008
Secretary of State

DOCUMENT# N00000007004

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

Current Principal Place of Business:

262 MINORCA BEACH WAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

262 MINORCA BEACH WAY
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:

BAUMANN, KARLA
116 CANAL STREET
SUITE A
NEW SMYRNA BEACH, FL 32169 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/D ( ) Delete
Name: STEPHENS, THOMAS
Address: 262 MINORCA BEACH WAY
City-St-Zip: NEW SMYRNA BEACH, FL 32141

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

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

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

Title: T/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: T/D (X) Change ( ) Addition
Name: LOBNITZ, EDWARD
Address: 262 MINORCA BEACH WAY
City-St-Zip: EDGEWATER, FL 32141

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

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: TOM STEPHENS P 01/27/2008

Electronic Signature of Signing Officer or Director — Date