

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004090

FILED
Jan 24, 2009
Secretary of State

Entity Name: DUNES CLUB VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMELIA ISLAND MGMT.
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034

New Principal Place of Business:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034

Current Mailing Address:

C/O AM
PO BOX 3000
AMELIA ISLAND, FL 32034

New Mailing Address:

C/O AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY
AMELIA ISLAND, FL 32034

FEI Number: 05-0584627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALAN, JACK B JR
3000 FIRST COAST HWY.
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

MUIR, ROBERT C III
AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HIGHWAY
AMELIA ISLAND, FL 32034 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: ROBERT C. MUIR, III

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIDEON, C.J. (CECILE) JR
Address: 624 WESTVIEW AVE
City-St-Zip: NASHVILLE, TN 37205

Title: SD () Delete
Name: MARTIN, RORY M
Address: 1714 DUNES CLUB PL
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: PACE, RANDY J
Address: 1711 DUNES CLUB PL
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: MILLEN, DON W
Address: 1764 DUNES CLUB PL
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: RAMSEY, STEVE
Address: 221 GLENWOOD RD
City-St-Zip: LAKE FOREST, IL 60045

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 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: RORY MARTIN

S

01/24/2009

Electronic Signature of Signing Officer or Director

Date