2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90012 004 ****61 2

DOCUMENT # N0100005118 1. Entity Name ANASTASIA DUNES ASSOCIATION, INC.							02-13-2006	90012 004	01	.23
461 A1A BEACH BLVD. 461			ailing Address 61 A1A BEACH BLVD. T. AUGUSTINE, FL 32080				Beiyi hen bekk beik es	12770 18780 147	11002 SOUL LUIS	(1 7 8) (88
Principal Place of Business 3. M		3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			02032006	Chg-NP	CR2E037	(11/05)	
City & State		City	City & State			4. FEI Numbe 59-3743				plied For t Applicable
Zip Country		Zip	Zip Cour			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of	of Current Registere	d Agent			7. Name and	Address of New I	Registered Age	ent	
IACORS I	DUII ID U		-	Nar	me -			-		-
JACOBS, PHILIP H 461 A1A BEACH BLVD. ST.AUGUSTINE, FL 32080		Street Address		P.O. Box Numbe	r is Not Acceptabl	e)				
				City	·			· ·	Zip Code	
				0113	,			FL	Zip Code	,
	named entity submits this si ions of registered agent.	tatement for the purpo	ose of changing its r	egistered offi	ice or register	red agent, or bot	h, in the State of Fl	orida. I am fan	niliar with, a	and accept
31011171175										
SIGNATURE	Signature, typed or printed name of re	egistered agent and title if appl	icable. (NOTE:	Registered Agent	t signature required	d when reinstating)		DATE		
	Filing Fee Is \$61.25 Due by May 1, 2006	I	9. Election Cam Trust Fund Co		ing	\$5.00 May B Added to Fees	•	fake check p rida Departm	•	
10.	Due by May 1, 2006	I			<u> </u>	Added to Fees	•	rida Departm	ent of St	ate
10. TITLE	OFFICER			ontribution.	<u> </u>	Added to Fees	Flo	RS AND DIREC	ent of St	ate
TITLE NAME	OFFICER P/D LINK, RON	RS AND DIRECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flo	RS AND DIREC	ent of St	ate 10
TITLE NAME STREET ADDRESS	OFFICER P/D LINK, RON 481 OCEAN FOREST I	RS AND DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDR	RESS	Added to Fees	Flo	RS AND DIREC	ent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER P/D LINK, RON 481 OCEAN FOREST I ST. AUGUSTINE, FL 3	RS AND DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDR	RESS	Added to Fees	Flo	rida Departm RS AND DIREC	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER P/D LINK, RON 481 OCEAN FOREST I ST. AUGUSTINE, FL 3	RS AND DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDR CITY-ST-ZIP	RESS	Added to Fees	Flo	rida Departm RS AND DIREC	ent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2006 OFFICER P/D LINK, RON 481 OCEAN FOREST I ST. AUGUSTINE, FL 3 VP/D WISNER, WADE	RS AND DIRECTORS DR. 32080	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDP CITY-ST-ZIP TITLE NAME	RESS	Added to Fees	Flo	rida Departm RS AND DIREC	CTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D LINK, RON 481 OCEAN FOREST I ST. AUGUSTINE, FL 3 VP/D WISNER, WADE 900 SANDY BEACH CI	RS AND DIRECTORS DR. 82080	Trust Fund Co	11. TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR	RESS PRESS	Added to Fees	Flo	rida Departm RS AND DIREC	CTORS IN Change	10 Addition
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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 artifuse, with all other like empowered.

SIGNATURE

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06

Daytime Phone #