


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90019 012 ****61.25

DOCUMENT # N01000005118 1. Entity Name ANASTASIA DUNES ASSOCIATION, INC.	
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Principal Place of Business 461 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080	Mailing Address 461 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3743795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBS, PHILIP H 461 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, MICHAEL 119 S WIND CIR SAINT-AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HARMON, GWEN 601 SEAGRAPE CIRCLE ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIN, THOMAS III 905 SANDY BEACH DR SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLOTT, BEN 913 SANDY BEACH CIR ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATTAS, COLETTE 1098 CHEYENNE DR. ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHTERS, HOWARD 422 OCEAN FORREST DR #2 SAINT AUGUSTINE, FL 32080

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwen B. Harmon 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #