

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001026**

1. Entity Name  
**WILD DUNES OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**200 SEVILLE CHASE  
ATLANTA, GA 30320**

Mailing Address  
**200 SEVILLE CHASE  
ATLANTA, GA 30320**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3765828**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FRANKLIN H. WATSON, P.A.  
5365 E. CTY. HWY. 30-A, #105  
SEAGROVE BEACH, FL 32459**

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IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000589205  
01/18/07-800005-022 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BUCKLE, JIM  
24 CHELSEA LOOP  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MARTIN, DANIEL  
200 SEVILLE CHASE  
ATLANTA, GA 30328**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BUCKLE, JANE  
29 CHELSEA LOOP  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*[Signature]* **DANIEL M. MARTIN (T)** 1/10/07 770 512-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #