

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003378

FILED
Apr 24, 2009
Secretary of State

Entity Name: DUNES CLUB OF CAPE SAN BLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

214 SEVENTH ST
PORT SAINT JOE, FL 32456

New Principal Place of Business:

198 CLUB DRIVE
CAPE SAN BLAS, FL 32456

Current Mailing Address:

PO BOX 443
PORT SAINT JOE, FL 32457

New Mailing Address:

FEI Number: 20-0572797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, RALPH
214 SEVENTH ST
PORT SAINT JOE, FL 32456 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 () Delete
Name: MITCHELL, DEE
Address: P.O. BOX 1062
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP () Delete
Name: SMITH, ANDY
Address: P.O. BOX 1026
City-St-Zip: VALDOSTA, GA 31603

Title: S () Delete
Name: BASS, NANCY
Address: 3405 CHEROKEE RIDGE TR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: M () Delete
Name: PARROTT, DON
Address: P.O. BOX 199
City-St-Zip: SHADYDALE, GA 31085

Title: M () Delete
Name: RAMSAY, RICHARD
Address: 2001 CHATSWORTH WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: M (X) Delete
Name: RICE, BART
Address: 1091 FOUNDERS BLVD. SUITE A
City-St-Zip: ATHENS, GA 30606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, L. ANDREW
Address: P.O. BOX 1026
City-St-Zip: VALDOSTA, GA 31603

Title: S (X) Change () Addition
Name: LOFTIN, REBECCA
Address: 720 W. 3RD. STREET
City-St-Zip: MANCHESTER, GA 31816

Title: M (X) Change () Addition
Name: PARROTT, DON
Address: P.O. BOX 199
City-St-Zip: SHADYDALE, GA 31085

Title: M (X) Change () Addition
Name: RICE, BART
Address: 1091 FOUNDERS BLVD. SUITE A
City-St-Zip: ATHENS, GA 30606

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: L. ANDREW SMITH

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date