

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003378

FILED  
Apr 08, 2010  
Secretary of State

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

**Current Principal Place of Business:**

198 CLUB DRIVE  
CAPE SAN BLAS, FL 32456

**New Principal Place of Business:**

**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  
Name: SMITH, L. ANDREW  
Address: P.O. BOX 1026  
City-St-Zip: VALDOSTA, GA 31603

Title: BM  
Name: LOFTIN, REBECCA  
Address: 720 W. 3RD. STREET  
City-St-Zip: MANCHESTER, GA 31816

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

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

Title: S  
Name: RAMSAY, RICHARD  
Address: 2001 CHATSWORTH WAY  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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 all other like empowered.

SIGNATURE: ANDREW L SMITH

P

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date