2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N03000006257

Entity Name: HERITAGE DUNES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

THE ASSOCIATION OFFICE
7 TOWN CENTER LOOP C-16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 14-1892532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IRWIN, JIM
7 TOWN CENTER LOOP
SUITE C16
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY
1414 COUNTY HIGHWAY 283 SOUTH
STE. B
SANTA ROSA BEACH, FL 32459 US

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: GARY A. SHIPMAN 03/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PAUL, PETER L III
Address: 5960 HERMITAGE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete
Name: HICKSON, RICHARD
Address: 3973 DOGWOOD DR
City-St-Zip: JACKSON, MS 39211

Title: TD ( ) Delete
Name: ARMISTERD, DAVID
Address: 430 SINGLE TREE TRACE
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY A SHIPMAN RA 03/16/2009
Electronic Signature of Signing Officer or Director Date