

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000346

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** TURTLE DUNES OWNERS ASSOCIATION OF GULF COUNTY, INC.

**Current Principal Place of Business:**

1934 CR 30  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

209 7TH STREET  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

625 E. TENNESSEE ST  
SUITE 200  
TALLAHASSEE, FL 323084932

**New Mailing Address:**

209 7TH STREET  
PORT SAINT JOE, FL 32456

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RENNICK, ROBYN A  
SUNSET BAY MGMT GROUP LLC  
1934 CR 30  
PORT SAINT JOE, FL 32456 US

**Name and Address of New Registered Agent:**

GULF COAST PROPERTY SERVICES, LLC  
209 7TH STREET  
PORT SAINT JOE, FL 32456 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: GCPS, LLC

02/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HARRIS, MIKE  
Address: 2077 MOCCASIN LONG  
City-St-Zip: MARIETTA, GA 30064

Title: VD ( ) Delete  
Name: HAMILL, BRITT  
Address: 1208 HAYS ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: GEOGHAGAN, BUZZ  
Address: 105 ST THOMAS DR  
City-St-Zip: PORT SAINT JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: BRYAN, ALLEN  
Address: 335 RIVERSIDE PARKWAY - SUITE 100  
City-St-Zip: AUSTELL, GA 30168

Title: D (X) Change ( ) Addition  
Name: GEOGHAGAN, BUZZ  
Address: 240 MORGAN'S TRAIL  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: S. NOVAK

CAM

02/23/2009

Electronic Signature of Signing Officer or Director

Date