

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:53

DOCUMENT # N04000006993 1. Entity Name CYPRESS DUNES OWNERS ASSOCIATION, INC.			
Principal Place of Business 3763 ROGERS BRIDGE RD DULUTH, GA 30097		Mailing Address 3763 ROGERS BRIDGE RD DULUTH, GA 30097	
2. Principal Place of Business - No P.O. Box # 353 Cypress Drive		3. Mailing Address PO Box 1715	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach		City & State Santa Rosa Beach FL	
Zip 32459		Zip 32459	
Country		Country	
4. FEI Number 20-0783029-20-2485475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, TAMMIE K 36132 EMERALD COAST PARKWAY DESTIN, FL 32541		7. Name and Address of New Registered Agent Name: Coastal Properties Association, Mary Street Address (P.O. Box Number is Not Acceptable): 2121 Johnson 36132 Emerald Coast Pkwy City: DESTIN FL Zip Code: 32541	
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:		DATE: 4/21/08	
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIS, JOHN 3763 ROGERS BRIDGE RD DULUTH, GA 30097	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 5/28/08	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 5-2-08 Daytime Phone #: 404 597-1370	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	