2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010887

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DESTIN, FL 32550

() Delete

FILED Mar 24, 2009 Secretary of State

Entity Name: GRAND DUNES II CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 219 SCENIC GULF DRIVE DESTIN, FL 32550 **Current Mailing Address: New Mailing Address:** 10221 EMERALD COAST PKWY WEST MIRAMAR BEACH, FL 32550 FEI Number: 20-2291382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GELDER, JAY 10221 EMERALD COAST PKWY SUITE 23 MIRAMAR BEACH, FL 32550 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FREEMAN, PAUL R FREEMAN, PAUL R Name: Name: 9815 HIGHWAY 98 WEST Address: 9815 HIGHWAY 98 WEST Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550 Title: () Delete Title: () Change () Addition Name: WILLIAMS, DEBRA D Name: Address: 9815 HIGHWAY 98 WEST Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition BERMAN, BRAD R BERMAN, BRAD R Name: Name: 9815 HIGHWAY 98 WEST Address: Address: 91 W. WIEUCA RD

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ATLANTA, GA 30341

LAFAYETTE, LA 70505

SMITH, DENNIS

P O BOX 53205

() Change (X) Addition

VPD

SIGNATURE: BRAD BERMAN PD 03/24/2009