

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04147

FILED
Apr 11, 2009
Secretary of State

Entity Name: THE PALMS OF DUNE ALLEN OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5200 WEST HWY C30A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4762
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2658824 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOLPHIN DEVELOPERS, LLC
5008 HWY 98 WEST
SUITE 2B
SANTA ROSA BEACH, FL 32459 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: VP () Delete
Name: HODGES, FRED J
Address: 240 TUCKAHOE LN
City-St-Zip: MEMPHIS, TN 38117 US

Title: T () Delete
Name: GALANTI, RANDY
Address: 1834 INDEPENDENCE SQUARE
City-St-Zip: DUNWOODY, GA 30338 US

Title: P () Delete
Name: CLARK, MAC
Address: 1507 BARBOUR LANE
City-St-Zip: EUFAULA, AL 36027 US

Title: DS (X) Delete
Name: VAUGHAN, CHRIS
Address: 2124 ALLENDALE RD
City-St-Zip: MONTGOMER, AL 361111016 US

Title: D (X) Delete
Name: CAWTHON, LANDRUM
Address: PO BOX 24
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D () Delete
Name: KERR, RITA
Address: 100 SCENIC HWY #32
City-St-Zip: LOOKOUT MOUNTAIN, TN 37350

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:

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Title: () Change () Addition
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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: ALAN BRUNI

MGR

04/11/2009

Electronic Signature of Signing Officer or Director

Date