

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90040 040 \*\*\*\*61.25

DOCUMENT # N06000007185

1. Entity Name

DUNES COURT PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4 DUNES COURT  
AMELIA ISLAND FL 32034

4 DUNES COURT  
AMELIA ISLAND FL 32034

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3372678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLEMAS, BILL  
4 DUNES COURT  
AMELIA ISLAND FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/T	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
		MIDDLEMAS, BILL	4 DUNES COURT	AMELIA ISLAND FL 32034	

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
EVP	Edward W. AURA	1310 Truman St.	Waycross, Ga. 31501		

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Eric J. Lindberg	3055 Nancy Creek Rd.	Atlanta, Ga 30327		

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Herbert M. Humphrey	5079 Chastletch Dr.	Stone Mtn, Ga. 30087		

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
J.P.	John P. McMeel	Andrew McMeel Universal	4520 Main St. Ste. 700		

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Daron G. Fair	4585 Angelo Dr.	Atlanta, Ga. 30319		

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<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 Section 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:

*William F. Middlemas* William F. Middlemas 1/18/07 904-321-1405