

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000007185**

1. Entity Name  
**DUNES COURT PROPERTY OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**4 DUNES COURT  
AMELIA ISLAND, FL 32034**

Mailing Address  
**4 DUNES COURT  
AMELIA ISLAND, FL 32034**



01272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3372678**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**5. Name and Address of Current Registered Agent**

**MIDDLEMAS, BILL  
4 DUNES COURT  
AMELIA ISLAND, FL 32034**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T MIDDLEMAS, BILL 4 DUNES COURT AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP AVRA, EDWARD W 1310 TRUMAN ST WAYCROSS, GA 31501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LINDBERG, ERIC J 3055 NANCY CREEK RD ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMPHREY, HERBERT M 5078 CHASTLETAH DR STONE MOUNTAIN, GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMEEL, JOHN P 4520 MAIN ST STE 700 KANSAS CITY, MO 64111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAIR, DARON G 4585 ANGELO DR ATLANTA, GA 30319

U000000308404  
02/07/08-80047-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*William P. Middlemas*

*William P. Middlemas 1/27/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*904-321-1405*