

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007185

FILED
Jan 24, 2009
Secretary of State

Entity Name: DUNES COURT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4 DUNES COURT
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

4 DUNES COURT
AMELIA ISLAND, FL 32034

New Mailing Address:

FEI Number: 59-3372678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MIDDLEMAS, WILLIAM P
4 DUNES COURT
AMELIA ISLAND, FL 32034 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: WILLIAM P. MIDDLEMAS

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: MIDDLEMAS, BILL
Address: 4 DUNES COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: EVP () Delete
Name: AVRA, EDWARD W
Address: 1310 TRUMAN ST
City-St-Zip: WAYCROSS, GA 31501

Title: VP () Delete
Name: LINDBERG, ERIC J
Address: 3055 NANCY CREEK RD
City-St-Zip: ATLANTA, GA 30327

Title: VP () Delete
Name: HUMPHREY, HERBERT M
Address: 5079 CHASTLETAH DR
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: VP () Delete
Name: MCMEEL, JOHN P
Address: 4520 MAIN ST STE 700
City-St-Zip: KANSAS CITY, MO 64111

Title: VP () Delete
Name: PAIR, DARON G
Address: 4585 ANGELO DR
City-St-Zip: ATLANTA, GA 30319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: MIDDLEMAS, WILLIAM P
Address: 4 DUNES COURT
City-St-Zip: AMELIA ISLAND, FL 32034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HUMPHREY, HERBERT M
Address: 6219 SPALDING DRIVE
City-St-Zip: NORCROSS, GA 30092

Title: () Change () Addition
Name:
Address:
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: WILLIAM P MIDDLEMAS

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

Date