2006 NOT-FOR-PROFIT CORPÖRATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # N26190 02-06-2006 90082 020 ****61.25 1. Entity Name DUNES ROW HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 12 DUNES ROW 12 DUNES ROW AMELIA ISLAND FL 32034 US AMELIA ISLAND FL 32034 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3016299 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ERDAHL, KEITH Street Address (P.O. Box Number is Not Acceptable) 12 DUNES ROW ROAD AMELIA ISLAND FL 32034 City Zip Code 8. The above named entity submits his 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 age SIGNATURE Signature, typed or print DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State J 14 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ___Ghange Addition LUKE, JEANNA MIKE NAME NAME 8 DUNES ROW STREET ADDRESS STREET ADDRESS AMELIA ISLAND FL 32034 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SHAW, JAMES NAME NAME 10 DUNES ROW STREET ADDRESS STREET ADDRESS 07432034 CITY-ST-ZIP AMELIA ISEAND FL 32034 CITY - ST - ZiP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition NAME BAZARIAN, LINDA NAME 16 DUNES ROW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND FL 32034 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ERDAHL, KEITH NAME STREET ADDRESS 12 DUNES ROW STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND FL 32024 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 in frue 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 reported by Chapter 5.7 Sports after that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

FILED

Feb 06, 2006 8:00 am

1-26-05