



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90030 023 \*\*\*\*61.25

<b>DOCUMENT # N26190</b> 1. Entity Name <b>DUNES ROW HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>12 DUNES ROW</b> <b>AMELIA ISLAND, FL 32034 US</b>			Mailing Address <b>12 DUNES ROW</b> <b>AMELIA ISLAND, FL 32034 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Amelia Island Mgmnt</b>		3. Mailing Address <b>Amelia Island Mgmnt</b>			
Suite, Apt. #, etc. <b>3000 First Coast Hwy.</b>		Suite, Apt. #, etc. <b>3000 First Coast Hwy.</b>			
City & State <b>Amelia Island, FL</b>		City & State <b>Amelia Island, FL</b>			
Zip <b>32034</b>		Country <b>US</b>		4. FEI Number <b>59-3016299</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ERDAHL, KEITH</b> <b>12 DUNES ROW ROAD</b> <b>AMELIA ISLAND, FL 32034</b>				7. Name and Address of New Registered Agent Name <b>Jack B. Healan, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3000 First Coast Hwy</b> City <b>Amelia Island, FL</b> Zip Code <b>32034</b>	
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 <b>Jack B. Healan, Jr.</b> <i>[Signature]</i> <b>3/11/08</b> <small>Signature, and or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LUKE, JEAN</b> <b>8 DUNES ROW</b> <b>AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAZARIAN, CARL</b> <b>16 DUNES ROW</b> <b>AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BAZARIAN, LINDA</b> <b>16 DUNES ROW</b> <b>AMELIA ISLAND, FL 32034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ERDAHL, KEITH</b> <b>12 DUNES ROW</b> <b>AMELIA ISLAND, FL 32024</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					