2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State
08-30-2007 90001 029 ****61.25

DOCUMENT # N33907

1. Entity Name
AEGEAN DUNES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
41 TINA MARIA CIRCLE PONCE INLET, FL 32127	41 TINA MARIA CIRCLE PONCE INLET, FL 32127

08252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
36 Tina Maria Circle Suite, Apt. #, etc.	36 Tina Maria Circle Suite, Apt. #, etc.
City & State: Ponce Inlet	City & State: Ponce Inlet
Zip: 32127 Country: Volusia	Zip: 32127 Country: Volusia

4. FEI Number: 58-1857487 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, MICAH Z 41 TINA MARIA CIRCLE PONCE INLET, FL 32127	Name: Chaistopher O'Brien Street Address (P.O. Box Number is Not Acceptable): 36 Tina Maria Circle City: Ponce Inlet FL Zip Code: 32127

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: Christopher Brien Position = T.D. 8/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANGANIELLO, LOUIS 40 ROCKLAND PLACE NEW ROCHELLE, NY 10025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. James Miller 36 Tina Maria Circle Ponce Inlet, FL 32127 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, MICAH Z 41 TINA MARIA CIRCLE PONCE INLET, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. Chaistopher OBrien 36 Tina Maria Circle Ponce Inlet, FL 32127 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, JENNIFER L 41 TINA MARIA CIRCLE PONCE INLET, FL 32127	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. Iracema OBrien 36 Tina Maria Circle Ponce Inlet, FL 32127 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Christopher Brien Chaistopher OBrien T.D. 8/26/07 386-290-7853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #