

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90374 025 ****61.25

DOCUMENT # N43503

1. Entity Name
**SEA DUNES DRIVE - SUNSET POINT LANE PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**145 SEA DUNES DR.
MELBOURNE BEACH, FL 32951 US**

Mailing Address
**145 SEA DUNES DR.
MELBOURNE BEACH, FL 32951 US**

00064606



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02262006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3142778

Applied For
Not Applicable

Zip Country Zip Country

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

**MCDUGALL, CAROLYN NW
145 SEA DUNES DR.
MELBOURNE BEACH, FL 32951**

Name **CEIL WILSON**
Street Address (P.O. Box Number is Not Acceptable)
175 SEA DUNES DR
Melbourne Beach
City **FL** Zip Code **32951**

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: *Cecil M. Wilson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **P** ☐ Delete
NAME **MCDUGALL, LEE**
STREET ADDRESS **145 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **1** ☐ Change ☒ Addition
NAME **CEIL WILSON**
STREET ADDRESS **175 Sea Dunes DR**
CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **V** ☐ Delete
NAME **ORLANDO, JOE**
STREET ADDRESS **165 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **PECOR, MAUREEN**
STREET ADDRESS **170 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRIFFITH, RICHARD**
STREET ADDRESS **265 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWELL, KIRBY**
STREET ADDRESS **135 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WILLIAMSON, TERRY**
STREET ADDRESS **115 SEA DUNES DR.**
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cecil M. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

Daytime Phone #