
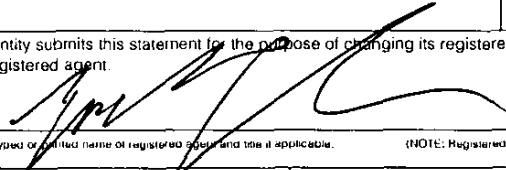
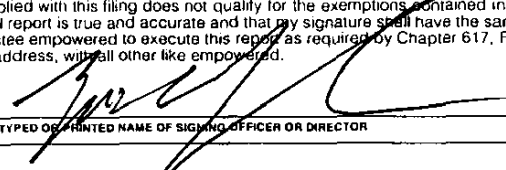


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 043 ****61.25

DOCUMENT # N50663 1. Entity Name DUNES OF DESTIN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 3890 SAND DUNE CT DESTIN, FL 32541 US				Mailing Address P. O. BOX 1176 DESTIN, FL 32540 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3192968	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ZACK 36732 EMERALD COAST PKWY DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <u>Zachary Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>36132 Emerald Coast Parkway</u> City <u>Destin</u> <u>FL</u> Zip Code <u>32541</u>		
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  <small>Signature, typed or printed name of registered agent, and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>4/22/08</u>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONAHUE, BILL <input type="checkbox"/> Delete 103 PRESTON HOLLOW LANW DULUTH, GA 30097				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DAN <input type="checkbox"/> Delete 71 OLD MOUNTAIN ROAD POWDER SPRINGS, GA 30127				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, JAMES <input type="checkbox"/> Delete 151 REGIONS WAY., STE. 1-G DESTIN, FL 32541				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAMMERS, JOHN <input type="checkbox"/> Delete 3298 WINDERMERE COVE MEMPHIS, TN 38125				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BECKWITH, JOE <input type="checkbox"/> Delete 845 ANNABROOK DR. AUBURN, AL 36830				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAZEN, KEN <input type="checkbox"/> Delete 260 ST. ANDREWS FAIRWAY MEMPHIS, TN 38111				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE <u>4/22/08</u> Daytime Phone #					