


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90035 030 ****61.25

DOCUMENT # N94000002290 1. Entity Name OCEAN DUNES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3200 S FLETCHER AVENUE UNIT D-3 FERNANDINA BEACH, FL 32034 US		Mailing Address 3200 S FLETCHER AVENUE UNIT D-3 FERNANDINA BEACH, FL 32034 US	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc. UNIT C-3		Suite, Apt. #, etc. UNIT C-3	
City & State SAME		City & State SAME	
Zip SAME		Zip SAME	
4. FEI Number 58-1506083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACK, MICHAEL 3200 S FLETCHER AVENUE UNIT C-3 FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 <u>Michael Pack</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1-3-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACK, MICHAEL 3940 ROBIN RIDGE WAYCROSS, GA 31503 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDDY HOLWELL 3200 S. FLETCHER B-3 FERNANDINA BEACH FL 32034 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERRO, LOIS 3200 S. FLETCHER C1 FERNANDINA BEACH, FL 32034 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERROW, LOIS (SPELLING) <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDMD COLBORN, ELEANOR L 32008 FLETCHER D3 FERRANDINA BEACH, FL 32034 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDMD MICHAEL PACK 3490 ROBIN RIDGE WAYCROSS GA 31503 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDY STEELE 3200 S. FLETCHER A-3 FERNANDINA BEACH FL 32034 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT BRUCE 2151 LAKESIDE DRIVE EAST FERNANDINA BEACH FL 32034 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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: <u>Michael Pack</u> MICHAEL PACK 1-3-06 912-282-9444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	