


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90042 006 ****61.25

DOCUMENT # N94000002290 1. Entity Name OCEAN DUNES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3200 S FLETCHER AVENUE UNIT C-3 FERNANDINA BEACH, FL 32034 US			Mailing Address 3200 S FLETCHER AVENUE UNIT C-3 FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 86370 EAST PORT DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. FERNANDINA BEACH			
City & State		City & State FL			
Zip 32034	Country US	4. FEI Number 58-1506083			
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 86370 EAST PORT DR UNIT C-3 FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 86370 EAST PORT DR City FERNANDINA BEACH FL Zip Code 32034		
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> MICHAEL PACK 1-8-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 HOLWELL, BUDDY 3200 S. FLETCHER B-3 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERROW, LOIS 3200 S. FLETCHER C1 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDMD PACK, MICHAEL 3490 ROBIN RIDGE WAYCROSS, GA 31503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, WENDY 3200 S. FLETCHER A-3 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE, PAT 2151 LAKESIDE DRIVE EAST FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 86370 EAST PORT DR FERNANDINA BEACH FL 32034				
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> 1-8-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					