

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002290

FILED
Jan 22, 2009
Secretary of State

Entity Name: OCEAN DUNES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3200 S FLETCHER AVENUE
UNIT C-3
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

86370 EAST PORK DRIVE
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

1880 S. 14TH STREET SUITE 103
AMELIA ISLAND, FL 32034 US

FEI Number: 58-1506083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACK, MICHAEL
86370 EAST PORT DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

GALPHIN, NIP
1880 S. 14TH STREET SUITE 103
AMELIA ISLAND, FL 32034 US

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.

SIGNATURE: NIP GALPHIN

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLWELL, BUDDY
Address: 3200 S. FLETCHER B-3
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VPD () Delete
Name: SHERROW, LOIS
Address: 3200 S. FLETCHER C1
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SDMD () Delete
Name: PACK, MICHAEL
Address: 86370 EAST PORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: STEELE, WENDY
Address: 3200 S. FLETCHER A-3
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: BRUCE, PAT
Address: 2151 LAKESIDE DRIVE EAST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUDDY HOWELL

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date