2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# N96000001229

Entity Name: SEA DUNES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10221 EMERALD COAST PKWY. W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

10221 EMERALD COAST PKWY. W
SUITE 23
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3443647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELDER, JAY
EMERALD COAST ASSOCIATION MANAGEMENT
10221 EMERALD COAST PKWY W.
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOFFNER, CHARLES
Address: 1001 CAMERON MILL RD.
City-St-Zip: LAGRANGE, GA 30240

Title: VPD ( ) Delete
Name: TORTOMASI, MIKE
Address: 2547 DOLLY RIDGE RD.
City-St-Zip: VESTAVIA HILLS, AL 35243

Title: STD ( ) Delete
Name: HARRIS, ANN
Address: 66 TRADEWINDS DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: FERGUSON, LYNN
Address: P.O. BOX 1576
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: CARRION, PHIL
Address: 7 SEA DUNES COVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: HOFFNER, CHARLES
Address: 1001 CAMERON MILL RD.
City-St-Zip: LAGRANGE, GA 30240

Title: STD (X) Change ( ) Addition
Name: DOWDY, BEVERLY
Address: 96 TRADEWINDS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: D (X) Change ( ) Addition
Name: DEPINTO, MIKE
Address: 300 TRADEWINDS DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD (X) Change ( ) Addition
Name: FERGUSON, LYNN
Address: P.O. BOX 1576
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN FERGUSON PD 04/10/2007
Electronic Signature of Signing Officer or Director — Date