

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001229

FILED  
Apr 06, 2010  
Secretary of State

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:**

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

04/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KAY, DONNA  
Address: 3 SEA DUNES COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: FERGUSON, LYNN  
Address: P.O. BOX 1576  
City-St-Zip: SANTA ROSA BEACH, FL 32549 US

Title: DST  
Name: LEGER, KRISTI  
Address: PO BOX 12998  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: TD  
Name: WALDNER, KELLY  
Address: 7 SEA DUNES COVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VPD  
Name: HARRIS, DAN  
Address: 66 TRADEWINDS DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D  
Name: HOFFNER, CHARLIE  
Address: 1001 CAMERON MILL RD.  
City-St-Zip: LAGRANGE, GA 30240 US

I hereby 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 all other like empowered.

SIGNATURE: DONNA KAY

PD

04/06/2010

Electronic Signature of Signing Officer or Director

Date