## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N9700005 AN DUNES OWNERS' ASS			0.0	3-29-2005 9	0027 017 ***	*61.25
Principal Place of Business Mailing Address 73 SHIRAH ST P.O. BOX 1779 DESTIN, FL 32541 US DESTIN, FL 32540		ıs	1 (68)(61) 9(3) (61)				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032005 C	hg-NP	CR2E037 (10/0	3)
City & State		City & State		4. FEI Number 59-34741:	24	_	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	□ \$8.75 Fee Red	Additional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Ro	egistered Agent	-
NIT 14/1 44 N	DAIL EV DODEDT DOODEDTII	-0	Name				
NEWMAN DAILEY ROBERT, PROPERTIES LORETTA W. SMITH 12815 HWY 98 W STE 100 MIRAMAR BEACH, FL 32550		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
INIRAMAR	BEACH, FE 32330		City			FL Zip	Code
The above named entity submits this statement for the purpose of changing its register							
	ions of registered agent.		•				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	<del></del> .
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE  ake check payab da Department o	
SIGNATURE	Filing Fee is \$61.25	9. Election Cam Trust Fund Ca	paign Financing	\$5.00 May Be	Flori	ake check payab da Department d	of State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-837-1071