2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# N98000000403

Entity Name: VENTANA DUNES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

193 VENTANA BOULEVARD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 2033
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3502316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WACHSMAN, SHEILA
97 VENTANA BLVD
SANTA ROSA BEACH, FL 32459 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: P ( ) Delete
Name: WILLIAMS, EDDIE
Address: 170 VENTANA BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VPD ( ) Delete
Name: STURDIVANT, MICHAEL
Address: 221 VENTANA BOULEVARD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: PARSONS, MICHAEL
Address: 323 VENTANA DUNES
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T ( ) Delete
Name: SCHUPP, FRANK
Address: 193 VENTANA BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete
Name: JEHLE, TOM
Address: 161 VONTARA BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: TOM JEHLE S 07/02/2009

Electronic Signature of Signing Officer or Director — Date