

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90029 017 ****61.25

DOCUMENT # N99000001003

1. Entity Name

GULF DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

376 SANTA ROSA BOULEVARD
 FORT WALTON BEACH FL 32548

376 SANTA ROSA BOULEVARD
 FORT WALTON BEACH FL 32548-6198

2. Principal Place of Business

3. Mailing Address

321 Hwy 98 E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Destin, FL

Zip

Country

Zip

Country

32541

OKLAHOMA

4. FEI Number

59-3464895

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNKLE, GERALD R
1234 AIRPORT ROAD #124
DESTIN FL 32541

Name **Destin Resorts**

Street Address (P.O. Box Number is Not Acceptable)

321 Hwy 98 E

City **Destin**

FL

Zip Code **32541**

8. 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUNKLE, GERALD R 1234 AIRPORT ROAD #124 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSHING, JOHN R 1234 AIRPORT ROAD #124 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, LISA E 1234 AIRPORT ROAD #124 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK GRIMES	<input checked="" type="checkbox"/> Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN R. SAMETZ 321 Hwy 98 E Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MICHAEL GIVEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID CONNART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TOM MARR 576 SANTA ROSA BLVD #311 FL. WALTON Bch, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLES CORSENTINO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GARY BARTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN R. SAMETZ **02.03.00** **850 654-4747**

Date

Daytime Phone #

CR2E037 (9/99)