2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State
02-23-2005 90071 045 ****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	321 HWY 98 E DESTIN FL 32541

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3464895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESTIN RESORTS 321 HWY 98 E DESTIN FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Spelman JULIE SPELMAN 2/2/05
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, CHARLIE 5610 OLDE ATLANTA PARKWAY SUWANNEE GA 30024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ 5 MAUREEN BIERMAN 376 SANTA ROSA BLVD #302 FORT WALTON, FL 32548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDEN, COLLEEN 3501-B N. POUNCE DE LEON BLVD. #391 ST. AUGUSTINE FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHANNON HENLEY 1636 FLORENCE AVE. FORT WALTON, FL 32548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GRIMES, FRANK 901 WINDERMERE BLVD. ALEXANDRIA LA 73303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN BURDICK 61 N. RANCH RD. LITTLETON, CO 80127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, MARY C-1 FAIRWAY VIEW #3 HAMMOND LA 70401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES BLAHA 39 W. 134 ARMSTRONG LANE GENEVA, IL 60134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARTH, GARY 4209 ASPEN COURT PINEVILLE LA 71360	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAX KIDD 2806 SPREADING OAKS DR. ACWORTH, GA 30101
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HERBERT, LINDA 156 TCHEFUNCTE DR COVINGTON LA 70433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDA HERBERT 156 TCHEFUNCTE DR. COVINGTON, LA 70433

☐ Change ☒ Addition (for each row in column 11)

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: Martin M Burdick 2/6/05 850-243-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #