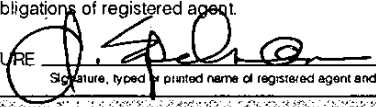
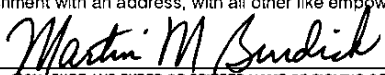


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 376 SANTA ROSA BOULEVARD FORT WALTON BEACH FL 32548			Mailing Address 321 HWY 98 E DESTIN FL 32541		
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  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	D ☐ Delete		TITLE	B S ☐ Change ☒ Addition	
NAME	HUDSON, CHARLIE		NAME	HAUREEN BIERHAN	
STREET ADDRESS	5610 OLDE ATLANTA PARKWAY		STREET ADDRESS	376 SANTA ROSA BLVD #302	
CITY-ST-ZIP	SUWANNEE GA 30024		CITY-ST-ZIP	FORT WALTON, FL 32548	
TITLE	D ☒ Delete		TITLE	T ☐ Change ☒ Addition	
NAME	OLDEN, COLLEEN		NAME	SHANNON HENLEY	
STREET ADDRESS	3501-B N. POUNCE DE LEON BLVD. #391		STREET ADDRESS	1636 FLORENCE AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		CITY-ST-ZIP	FORT WALTON, FL 32548	
TITLE	VP ☒ Delete		TITLE	VP ☐ Change ☒ Addition	
NAME	GRIMES, FRANK		NAME	MARTIN BURDICK	
STREET ADDRESS	901 WINDERMERE BLVD.		STREET ADDRESS	61 N. RANCH RD.	
CITY-ST-ZIP	ALEXANDRIA LA 73303		CITY-ST-ZIP	LITTLETON, CO 80127	
TITLE	D ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	WILSON, MARY		NAME	JAMES BLAHA	
STREET ADDRESS	C-1 FAIRWAY VIEW #3		STREET ADDRESS	39 W. 134 ARMSTRONG LANE	
CITY-ST-ZIP	HAMMOND LA 70401		CITY-ST-ZIP	GENEVA, IL 60134	
TITLE	P ☒ Delete		TITLE	D ☐ Change ☒ Addition	
NAME	BARTH, GARY		NAME	MAX KIDD	
STREET ADDRESS	4209 ASPEN COURT		STREET ADDRESS	2806 SPREADING OAKS DR.	
CITY-ST-ZIP	PINEVILLE LA 71360		CITY-ST-ZIP	ACWORTH, GA 30101	
TITLE	ST ☐ Delete		TITLE	P ☒ Change ☐ Addition	
NAME	HERBERT, LINDA		NAME	LINDA HERBERT	
STREET ADDRESS	156 TCHEFUNCTE DR		STREET ADDRESS	156 TCHEFUNCTE DR.	
CITY-ST-ZIP	COVINGTON LA 70433		CITY-ST-ZIP	COVINGTON, LA 70433	
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:  2/6/05 850-243-7626 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					