


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90077 036 \*\*\*\*61.25

<b>DOCUMENT # N99000001003</b> 1. Entity Name <b>GULF DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>376 SANTA ROSA BOULEVARD FORT WALTON BEACH, FL 32548 US</b>			Mailing Address <b>215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>43 MIRACLE STRIP PKWY SW</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>FORT WALTON BEACH</b> Zip      Country <b>32548      OKALOOSA</b>		4. FEI Number <b>59-3464895</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550</b>			7. Name and Address of New Registered Agent Name <b>RON SHOREY</b> Street Address (P.O. Box Number is Not Acceptable) <b>43 MIRACLE STRIP PKWY SW</b> City <b>FORT WALTON BEACH FL</b> Zip Code <b>32548</b>		
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 _____ DATE <b>4-11-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>HUDSON, CHARLIE</b> <b>5610 OLDE ATLANTA PARKWAY</b> <b>SUWANNEE, GA 30024</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BLAHA, JAMES</b> <b>39 W 134 ARMSTRONG LN</b> <b>GENEVA, IL 60134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BURDICK, MARTIN</b> <b>376 SANTA ROSA BLVD; #617</b> <b>FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>BIERMAN, MAUREEN</b> <b>376 SANTA ROSA BLVD; UNIT 302</b> <b>FORT WALTON BECH, FL 32548</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>KEN RAND</b> <b>5321 Timber Wild Ln, Buford GA 30518</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIDD, MAX</b> <b>2806 SPREADING OAKS DR</b> <b>ACWORTH, GA 30101</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAMER, LARRY</b> <b>81140 ROBINSON RD</b> <b>FOLSOM, LA 70437</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Martin M Burdick</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/13/07 850-796-0783</b> <small>Date Daytime Phone #</small>		