

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001003

FILED
Jan 08, 2009
Secretary of State

Entity Name: GULF DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

376 SANTA ROSA BOULEVARD
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

43 MIRACLE STRIP PKWY SOUTHWEST
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-3464895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOREY, RON
43 MIRACLE STRIP PARKWAY S. W.
FORT WALTON BEACH, FL 32548 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: DS () Delete
Name: HUDSON, CHARLIE
Address: 5610 OLDE ATLANTA PARKWAY
City-St-Zip: SUWANNEE, GA 30024 US

Title: DT () Delete
Name: BLAHA, JAMES
Address: 376 SANTA ROSA BLVD. #303
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP () Delete
Name: RAND, KEN
Address: 5321 TIMBERWILD LANE
City-St-Zip: BUFORD, GA 30518 US

Title: P () Delete
Name: BURDICK, MARTIN
Address: 376 SANTA ROSA BLVD. UNIT 617
City-St-Zip: FORT WALTON BECH, FL 32548 US

Title: D () Delete
Name: KIDD, MAX
Address: 2806 SPREADING OAKS DR
City-St-Zip: ACWORTH, GA 30101 US

Title: D () Delete
Name: HEATH, DAVID
Address: 3411 JOHNSON FERRY ROAD NE
City-St-Zip: ROSWELL, GA 30075 US

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: D (X) Change () Addition
Name: CARROLL, AUSTIN
Address: 2201 GARY LANE
City-St-Zip: HOPKINSVILLE, KY 42240 US

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: RON SHOREY

MGR

01/08/2009

Electronic Signature of Signing Officer or Director

Date