

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010678

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTH DUNES MANAGEMENT GROUP INC

Current Principal Place of Business:

471 N COUNTY HWY 10A
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

Current Mailing Address:

PO BOX 981
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-2196626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ROGER B
471 N COUNTY HWY 10A
DEFUNIAK SPRINGS, FL 32433 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, ROGER B
Address: 471 N COUNTY HWY 10A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: SEC () Delete
Name: DAVIS, STEPHANIE A
Address: 471 N COUNTY HWY 10A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: LIPSCOMB, THOMAS J
Address: 471 N COUNTY HWY 10A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: SHELLEY, KYNA
Address: 471 N COUNTY HWY 10A
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER B DAVIS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date