

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000096144 (7)**

1. Corporation Name

THE CARIBBEAN DUNES COMPANY

Principal Place of Business

**1209 AIRPORT RD.
SUITE 4
DESTIN FL 32540
US**

Mailing Address

**P.O. BOX 1805
DESTIN FL 32540
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

59-3358897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 36468 Emerald Coast Pkwy	26 36468 Emerald Coast Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 1201	27 Suite 1201
City & State	City & State
23	28
Zip	Zip
24 32541	29 32541
Country	Country
25	30

9. Name and Address of Current Registered Agent

**KRAEMER, MARY K
STOWELL, ANTON & KRAEMER
727 HIGHWAY 98, EAST
DESTIN FL 32540**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D GWIN, CURTIS H
STREET ADDRESS	POST OFFICE BOX 1805
CITY-ST-ZIP	DESTIN FL 32540
TITLE	<input type="checkbox"/> DELETE
NAME	D SHOULTS, HOWARD RAY
STREET ADDRESS	POST OFFICE BOX 1805
CITY-ST-ZIP	DESTIN FL 32540
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	36468 Emerald Coast Pkwy, Suite 1201
1.4 CITY-ST-ZIP	Destin, FL 32541
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	36468 Emerald Coast Pkwy, Suite 1201
2.4 CITY-ST-ZIP	Destin, FL 32541
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: 

3-20-98

850-937-0392

CR2E034 (10/97)