

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90016 014 \*\*\*150.00

**DOCUMENT # P98000050853**



1. Entity Name

**DUNE BREEZE DEVELOPMENT, INC.**

Principal Place of Business

**458 DUNE BREEZE LN  
SANTA ROSA BEACH FL 32459**

Mailing Address

**P O BOX 2572  
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business

**320 Fairway Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Santa Rosa Beach, FL**

City & State

4. FEI Number

**59-3520963**

Applied For

Not Applicable

Zip

**32459**

Country

**Walton Co. FL**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HEMBREE, MAXINE  
6298 CALLE DE HIDALGO  
NAVARRE FL 32566**

*Change of Address  
for Dune Breeze  
Development*

7. Name and Address of New Registered Agent

Name

**Maxine Hembree**

Street Address (P.O. Box Number is Not Acceptable)

**320 Fairway Dr.**

City

**Santa Rosa Beach**

**FL**

Zip Code  
**32459**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **HEMBREE, WADE**  
STREET ADDRESS **45-B DUNE BREEZE LANE**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **S** ☐ Delete  
NAME **HEMBREE, MAXINE**  
STREET ADDRESS **45-B DUNE BREEZE LANE**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

*Wade Hembree Pres.*

*3/1/06*

*850-267-0018*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #