2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765284

Entity Name: THE DUNES CLUB COMMUNITY ASSOCIATION, INC.

FILED Feb 13, 2018 Secretary of State CC1118412767

Current Principal Place of Business:

5440 FIRST COAST HWY. AMELIA ISLAND. FL 32034

Current Mailing Address:

C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY. AMELIA ISLAND. FL 32034 US

FEI Number: 59-2411386 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

LAMBIASE, NICHOLAS JR. 5440 FIRST COAST HWY. AMELIA ISLAND, FL 32034 US

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: NICHOLAS LAMBIASE, JR.

02/13/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title VPD

Name BYERS, JOHN JR Name BILLINGTON, STUART

Address C/O AMELIA ISLAND MANAGEMENT Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY. 5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034 City-State-Zip: AMELIA ISLAND FL 32034

Title TD Title D

Name CARLISLE, ROBERT Name KOVIE, FRANK

Address C/O AMELIA ISLAND MANAGEMENT Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY. 5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034 City-State-Zip: AMELIA ISLAND FL 32034

Title D Title D

Name TURNER, KATHERINE Name ARDIA, VIRGINIA

Address C/O AMELIA ISLAND MANAGEMENT Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY. 5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034 City-State-Zip: AMELIA ISLAND FL 32034

Title PD

Name RAFFERTY, BRIAN

Address C/O AMELIA ISLAND MANAGEMENT

5440 FIRST COAST HWY.

City-State-Zip: AMELIA ISLAND FL 32034

I hereby 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 all other like empowered.

Ρ

SIGNATURE: BRIAN RAFFERTY

Electronic Signature of Signing Officer/Director Detail

02/13/2018

Date