

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765284

Entity Name: THE DUNES CLUB COMMUNITY ASSOCIATION, INC.**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.

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BYERS, JOHN JR
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title VD
Name BILLINGTON, STUART
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title STD
Name CARLISLE, ROBERT
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D
Name KERINS, PAUL T
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D.
Name PURCEL, MORRIS
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D.
Name TURNER, KATHERINE
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title D.
Name ARDIA, VIRGINIA
Address C/O AMELIA ISLAND MANAGEMENT
5440 FIRST COAST HWY.
City-State-Zip: AMELIA ISLAND FL 32034

Title DIRECTOR
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.

SIGNATURE: JOHN BYERS, JR.

PRESIDENT

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date