

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**  
95 JUL 25 AM 8 09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 538525 (7)**  
1. Corporation Name  
**DUNES OF PANAMA RENTAL ASSOCIATION, INC.**

Principal Place of Business: **7205 THOMAS DRIVE PANAMA CITY BCH FL 32408**  
Mailing Address: **7205 THOMAS DRIVE PANAMA CITY BCH FL 32408**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/01/1977		05/01/1994	
22		27		4. FEI Number		Applied For	
City & State		City & State		59-1838117		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COLLINS, J. ERNEST</b> <b>703 GRACE AVENUE</b> <b>PANAMA CITY FL</b>				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	FL	05

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOYCE MRS	1.2 NAME	
STREET ADDRESS	136 ALEXANDRIA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	MACON GA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. ROBERT WRIGHT,	2.2 NAME	
STREET ADDRESS	2601 CROSS COUNTRY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS GA 31906	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY HAMMACK,	3.2 NAME	
STREET ADDRESS	3214 MARICOPA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS GA 31906	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG LURIE,	4.2 NAME	D Kelly merger
STREET ADDRESS	5800 W. MAIN ST.	4.3 STREET ADDRESS	7205 Thomas DR
CITY - ST - ZIP	DOTHAN AL 36301	4.4 CITY - ST - ZIP	PANAMA CITY, FL 32408-1536
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HAWKINS,	5.2 NAME	
STREET ADDRESS	1753 ARGONNE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	MORROW GA 30206	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MS. BRENDA MARTIN,	6.2 NAME	
STREET ADDRESS	P.O. BOX 942 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	MORROW GA 30206	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on an attachment with an address.

SIGNATURE: DAVID HAWKINS David Hawkins 7/21/95 904-234-6669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)

CR2E034 (3/95)