

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **07/01/1977**  
3a. Date of Last Report: **07/25/1995**  
4. FEI Number: **59-1838117**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **COLLINS, J. ERNEST 703 GRACE AVENUE PANAMA CITY FL**  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0509 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	SCHAFFER, JOYCE MRS 136 ALEXANDRIA DR MACON GA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DR. ROBERT WRIGHT, 2601 CROSS COUNTRY DRIVE COLUMBUS GA 31906	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STU	MARY HAMMACK, 3214 MARICOPA DRIVE COLUMBUS GA 31906	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	METGER, KELLY 7205 THOMAS DR PANAMA CITY FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	DAVID HAWKINS, 1753 ARGONNE DRIVE MORROW GA 30206	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MS. BRENDA MARTIN, P.O. BOX 942 N/A MORROW GA 30206	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *4/11/96*  
Daytime Phone #: *404-362-3880*

CR2E034 (12/95)