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Apr 08 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

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



Principal Place of Business: 7206 THOMAS DRIVE PANAMA CITY BCH FL 32408
Mailing Address: 7206 THOMAS DRIVE PANAMA CITY BCH FL 32408-7501

3. Date Incorporated or Qualified: 07/01/1977
3a. Date of Last Report: 04/17/1996
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHAFFER, JOYCE MRS	
STREET ADDRESS	138 ALEXANDRIA DR	
CITY - ST - ZIP	MACON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DR. ROBERT WRIGHT,	
STREET ADDRESS	2601 CROSS COUNTRY DRIVE	
CITY - ST - ZIP	COLUMBUS GA 31908	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MARY HAMMACK,	
STREET ADDRESS	3214 MARICOPA DRIVE	
CITY - ST - ZIP	COLUMBUS GA 31908	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METGER, KELLY	
STREET ADDRESS	7205 THOMAS DR	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID HAWKINS,	
STREET ADDRESS	1753 ARGONNE DRIVE	
CITY - ST - ZIP	MORROW GA 30208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MS. BRENDA MARTIN,	
STREET ADDRESS	P.O. BOX 942 N/A	
CITY - ST - ZIP	MORROW GA 30208	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAM BOWLES	
3.3 STREET ADDRESS	P.O. DRAWER 99 N/A	
3.4 CITY - ST - ZIP	CUTHBERT, GA 31740	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 8-31-97
DAYTIME PHONE #: 904-990-961-5981

CR2E034 (9/96)