

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Mar 12 1998 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 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 07/01/1977 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 25 | 26 |
| 21 | | 26 | | 4. FEI Number 59-1838117 | |
| 22 | | 27 | | Applied For Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | | 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITILE | <input type="checkbox"/> DELETE | 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 | |
| TITILE | <input type="checkbox"/> DELETE | 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 | |
| TITILE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWLES, JANE | 3.2 NAME | |
| STREET ADDRESS | P.O. DRAWER 99 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CUTHBERT GA | 3.4 CITY-ST-ZIP | |
| TITILE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | METGER, KELLY | 4.2 NAME | NATHAN MATHIS, JR |
| STREET ADDRESS | 7205 THOMAS DR | 4.3 STREET ADDRESS | P.O. DRAWER 4 |
| CITY-ST-ZIP | PANAMA CITY FL | 4.4 CITY-ST-ZIP | COLUMBUS, AL 36375 |
| TITILE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVID HAWKINS, | 5.2 NAME | |
| STREET ADDRESS | 1753 ARGONNE DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MORROW GA | 5.4 CITY-ST-ZIP | |
| TITILE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MS. BRENDA MARTIN, | 6.2 NAME | JANICE BEAM |
| STREET ADDRESS | P.O. BOX 942 N/A | 6.3 STREET ADDRESS | 5111 BAY DRIVE |
| CITY-ST-ZIP | MORROW GA 30208 | 6.4 CITY-ST-ZIP | COLUMBUS, GA |

14. I 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* **DAVID HAWKINS 3/5/98 770-961-5981**

CR2E034 (10/97)