

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91473 022 ***150.00

DOCUMENT # 538525



1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1838117**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLINS, J. ERNEST
703 GRACE AVENUE
PANAMA CITY FL**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFFER, JOYCE MRS	
STREET ADDRESS	136 ALEXANDRIA DR	
CITY-ST-ZIP	MACON GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, GENE	
STREET ADDRESS	433 A N DALEVINE AVE	
CITY-ST-ZIP	DALEVILLE AL 36322	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWLES, JANE	
STREET ADDRESS	P.O DRAWER 99 N/A	
CITY-ST-ZIP	CUTHBERT GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	7560 ISLAND MILL ROAD	
CITY-ST-ZIP	ACWORTH GA 30102	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID HAWKINS,	
STREET ADDRESS	1753 ARGONNE DRIVE	
CITY-ST-ZIP	MORROW GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAM, JANICE	
STREET ADDRESS	5111 BOYD DR	
CITY-ST-ZIP	COLUMBUS GA 30206	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Hawkins* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

850-234-6669
6669
Daytime Phone #

CR2E034 (10/02)