

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 740246 (4)

1. Corporation Name
DUNES OF PANAMA PHASE I ASSOCIATION, INC.

95 JUL 25 AM 8:11

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7205 THOMAS DRIVE PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified **09/26/1977** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-1838117** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

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

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 194.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, JOHN R.
7205 THOMAS DRIVE
PANAMA CITY BEACH FL 32407**

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 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SCHAFFER, JOYCE MRS
STREET ADDRESS	138 ALEXANDRIA DR
CITY - ST - ZIP	MACON GA
TITLE	VP
NAME	WRIGHT, ROBERT DR
STREET ADDRESS	2601 CROSS COUNTRY DR
CITY - ST - ZIP	COLUMBUS GA
TITLE	ST
NAME	HAMMACK, MARY
STREET ADDRESS	3214 MARICOPA DRIVE
CITY - ST - ZIP	COLUMBUS GA
TITLE	D
NAME	COLLINS, ERNEST
STREET ADDRESS	703 GRACE AVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	LURIE, DOUG
STREET ADDRESS	5800 W. MAIN STREET
CITY - ST - ZIP	DOTHAN AL
TITLE	D
NAME	HAWKINS, DAVID
STREET ADDRESS	1753 ARGONNE DRIVE
CITY - ST - ZIP	MORROW GA

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KELLY METZGER
43 STREET ADDRESS	7205 THOMAS DR APT A 1707
44 CITY - ST - ZIP	PANAMA CITY, FL 32408-7536
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MS BREWEN MARTIN
53 STREET ADDRESS	P.O. BOX 942 N/A
54 CITY - ST - ZIP	MORROW, GA 30206
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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 617, 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 Telephone #

CR2E037 (3/95)