

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740246 (4)
1. Corporation Name
DUNES OF PANAMA PHASE I ASSOCIATION, INC.

Principal Place of Business 7205 THOMAS DRIVE PANAMA CITY BEACH FL 32408	Mailing Address 7205 THOMAS DRIVE PANAMA CITY BEACH FL 32408-7501
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 09/26/1977	3a. Date of Last Report 04/15/1996
4. FEI Number 59-1838117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ARNOLD, JOHN R.
7205 THOMAS DRIVE
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" 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	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, ROBERT DR		2.2 NAME	
STREET ADDRESS 2601 CROSS COUNTRY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP COLUMBUS GA		2.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMMACK, MARY		3.2 NAME JANE Bowles	
STREET ADDRESS 3214 MARICOPA DRIVE		3.3 STREET ADDRESS P.O. DRAWER 99 (N/A)	
CITY-ST-ZIP COLUMBUS GA		3.4 CITY-ST-ZIP CUTHBERT, GA 31740	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME METZGER, KELLY		4.2 NAME	
STREET ADDRESS 7205 THOMAS DR APT A707		4.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, BRENDA		5.2 NAME BRENDA MARTIN	
STREET ADDRESS P. O. BOX 942		5.3 STREET ADDRESS P.O. BOX 942 (N/A)	
CITY-ST-ZIP MORROW GA		5.4 CITY-ST-ZIP MORROW, GA	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAWKINS, DAVID		6.2 NAME	
STREET ADDRESS 1753 ARGONNE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP MORROW GA		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 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 **REQUIRED** Hawkins 3/20/97 904-770-945981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000721

CR2E037 (9/96)