

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90004 022 ****61.25

0016047

DOCUMENT # 740246
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1838117	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> Delete
NAME	SCHAFER, JOYCE MRS
STREET ADDRESS	136 ALEXANDRIA DR
CITY-ST-ZIP	MACON GA
TITLE	D <input type="checkbox"/> Delete
NAME	BEAM, JANICE
STREET ADDRESS	5111 BOYD DRIVE
CITY-ST-ZIP	COLUMBUS GA 31909
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 checked="" type="checkbox"/> Delete
NAME	MATHIS, NATHAN
STREET ADDRESS	P.O. DRAWER L N/A
CITY-ST-ZIP	SLOCUMB AL 36375
TITLE	D <input type="checkbox"/> Delete
NAME	HUGHES, GENE
STREET ADDRESS	433A DALEVILLE AV
CITY-ST-ZIP	DALEVILLE AL 36322
TITLE	P <input type="checkbox"/> Delete
NAME	HAWKINS, DAVID
STREET ADDRESS	1753 ARGONNE DRIVE
CITY-ST-ZIP	MORROW GA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	ELADYS MC MANN
CITY-ST-ZIP	7205 THOMAS DR A 601 PANAMA CITY, FL 32408-7536
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	

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 617, 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 Hawkins* **DAVID HAWKINS** **4/23/2001** **850-234-6669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)