

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90028 011 ****61.25

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

80086330



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **SCHAFFER, JOYCE MRS**
 STREET ADDRESS **136 ALEXANDRIA DR**
 CITY-ST-ZIP **MACON GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BEAM, JANICE**
 STREET ADDRESS **5111 BOYD DRIVE**
 CITY-ST-ZIP **COLUMBUS GA 31909**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BOWLES, JANE**
 STREET ADDRESS **P.O. DRAWER 99 N/A**
 CITY-ST-ZIP **CUTHBERT GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MCMUNN, GLADYS**
 STREET ADDRESS **7205 THOMAS DR A601**
 CITY-ST-ZIP **PANAMA CITY FL 32408-7536**

TITLE Change Addition
 NAME **ROBERT WILSON**
 STREET ADDRESS **7560 ISLAND Mill RD**
 CITY-ST-ZIP **ACKWORTH, GA 30102**

TITLE Delete
 NAME **HUGHES, GENE**
 STREET ADDRESS **433A DALEVILLE AV**
 CITY-ST-ZIP **DALEVILLE AL 36322**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HAWKINS, DAVID**
 STREET ADDRESS **1753 ARGONNE DRIVE**
 CITY-ST-ZIP **MORROW GA**

TITLE Change 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 L. Hawkins* **DAVID L. HAWKINS** 4/18/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
Document #
740246

Dunes of panama

Officers & directors

D

Mary hammack

Rt 1 box 645

Arlington , ga 31713