


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90087 005 ****61.25

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|---|---|--|--|--|---|
| 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | 04262004 Chg-NP CR2E037 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 59-1838117 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SCHAFER, JOYCE MRS 136 ALEXANDRIA DR MACON, GA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEAM, JANICE 5111 BOYD DRIVE COLUMBUS, GA 31909 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BOWLES, JANE P.O. DRAWER 99 N/A CUTHBERT, GA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, ROBERT 7560 ISLAND MILL RD ACWORTH, GA 30102 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D JOHNSON, LARRY 1404 Grey Fox Run Tallahassee, FL 32311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUGHES, GENE 433A DALEVILLE AV DALEVILLE, AL 36322 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAWKINS, DAVID 1753 ARGONNE DRIVE MORROW, GA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>David Hawkins</i> | | | Date: 4/26/04 | | Daytime Phone #: 850-234-6669 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |

Attachment

44038046

#740246

ADDITIONAL DIRECTORS

D

THOMAS G. PROHASKA
770 SUNDIAL CT UNIT 212
FT. WALTON BCH, FL 32548
