

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740246

FILED
May 06, 2006
Secretary of State

Entity Name: DUNES OF PANAMA PHASE I ASSOCIATION, INC.

Current Principal Place of Business:

7205 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

7205 THOMAS DRIVE
BLDG A
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

7205 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

7205 THOMAS DRIVE
BLDG A
PANAMA CITY BEACH, FL 32408

FEI Number: 59-1838117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

05/06/2006

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHAFFER, JOYCE MRS.
Address: 136 ALEXANDRIA DR
City-St-Zip: MACON, GA

Title: D () Delete
Name: BEAM, JANICE
Address: 5111 BOYD DRIVE
City-St-Zip: COLUMBUS, GA 31909

Title: S () Delete
Name: BOWLES, JANE
Address: P.O. DRAWER 99 N/A
City-St-Zip: CUTHBERT, GA

Title: D () Delete
Name: JOHNSON, LARRY
Address: 1474 GRAY ROW RUN
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: HUGHES, GENE
Address: 433A DALEVILLE AV
City-St-Zip: DALEVILLE, AL 36322

Title: P () Delete
Name: HAWKINS, DAVID
Address: 1753 ARGONNE DRIVE
City-St-Zip: MORROW, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HAWKINS

Electronic Signature of Signing Officer or Director

P

05/06/2006

Date