


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90151 035 \*\*\*\*61.25

<b>DOCUMENT # 740246</b>					
1. Entity Name <b>DUNES OF PANAMA PHASE I ASSOCIATION, INC.</b>					
Principal Place of Business <b>7205 THOMAS DRIVE PANAMA CITY BEACH FL 32408</b>		Mailing Address <b>7205 THOMAS DRIVE PANAMA CITY BEACH FL 32408</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1838117</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARNOLD, JOHN R.</b> <b>7205 THOMAS DRIVE</b> <b>PANAMA CITY BEACH FL 32407</b>			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 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	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHAFFER, JOYCE MRS</b>		NAME		
STREET ADDRESS	<b>136 ALEXANDRIA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MACON GA</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BEAM, JANICE</b>		NAME		
STREET ADDRESS	<b>5111 BOYD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBUS GA 31909</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BOWLES, JANE</b>		NAME		
STREET ADDRESS	<b>P.O. DRAWER 99 N/A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CUTHBERT GA</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILSON, ROBERT</b>		NAME		
STREET ADDRESS	<b>7560 ISLAND MILL RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ACWORTH GA 30102</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HUGHES, GENE</b>		NAME		
STREET ADDRESS	<b>433A DALEVILLE AV</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALEVILLE AL 36322</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HAWKINS, DAVID</b>		NAME		
STREET ADDRESS	<b>1753 ARGONNE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MORROW GA</b>		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: <i>David L. Hawkins</i>		3/22/03		950-234-6669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E037 (10/02)