


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90049 003 ****61.25

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DOCUMENT # N02000007089			
1. Entity Name DUNE CREST TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 6404 THOMAS DR PANAMA CITY, FL 32408		Mailing Address 1465 CHICKASAW ST. DOTHAN, AL 36303	
2. Principal Place of Business - No P.O. Box # <i>6404 Thomas Dr.</i>		3. Mailing Address <i>3202 Forridge Rd</i>	
Suite, Apt. #, etc. <i>Panama City Beach, FL</i>		Suite, Apt. #, etc. <i>Dothan, AL</i>	
City & State		City & State	
Zip <i>32408</i>	Country <i>USA</i>	Zip <i>36303</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent METCALF, BUTCH 8235 GRAND BAY BLVD PANAMA CITY, FL 32408		7. Name and Address of New Registered Agent Name: <i>NIA</i> Street Address (P.O. Box Number is Not Acceptable): City: <i>FL</i> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 MENDHEIM, CLIFF 1465 CHICKASAW ST. DOTHAN, AL 36303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Mendheim, Cliff</i> <i>3202 Forridge Rd.</i> <i>Dothan, AL 36303</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METCALF, BUTCH 8235 GRAND BAY BLVD PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLON, MARK 18912 FRONT BEACH RD, #303 PANAMA CITY, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWY, BOB 9830 HIGHWAY 2301 YOUNGSTOWN, FL 32466 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEATZ, ANNA 10216 HIGHBURY LN SAINT LOUIS, MO 63123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ron Gambrell</i> <i>6404 Thomas Dr., Unit 9</i> <i>Panama City Beach, FL 32408</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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 another like empowered.			
SIGNATURE: <i>P. Gambrell</i>		Date: <i>4/3/07</i>	Daytime Phone #: <i>334-671-9555</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			