
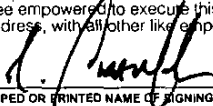


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90018 048 ****61.25

DOCUMENT # N02000007089			
1. Entity Name DUNE CREST TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 6404 THOMAS DR PANAMA CITY, FL 32408		Mailing Address 3202 FOXRIDGE RD DOTHAN, AL 36303	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01132008		Chg-NP CR2E037 (12/06)	
4. FEI Number 14-1881281		Applied For <input type="checkbox"/> Not Applicable	
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	
METCALF, BUTCH 8235 GRAND BAY BLVD PANAMA CITY, FL 32408		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDHEIM, CLIFF	NAME	
STREET ADDRESS	3202 FOXRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	DOTHAN, AL 36303	CITY-ST-ZIP	
TITLE	P	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, BUTCH	NAME	Butch Metcalf
STREET ADDRESS	8235 GRAND BAY BLVD	STREET ADDRESS	Same
CITY-ST-ZIP	PANAMA CITY, FL 32408	CITY-ST-ZIP	
TITLE	S	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, MARK	NAME	Mark Dillon
STREET ADDRESS	18912 FRONT BEACH RD. #303	STREET ADDRESS	26510 Bannerman Ave.
CITY-ST-ZIP	PANAMA CITY, FL 32408	CITY-ST-ZIP	Newhall, CA 91321
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWY, BOB	NAME	
STREET ADDRESS	9830 HIGHWAY 2301	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN, FL 32466	CITY-ST-ZIP	
TITLE	D	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBALL, RON	NAME	Ron Gambrell
STREET ADDRESS	6404 THOMAS DR UNIT 9	STREET ADDRESS	Same
CITY-ST-ZIP	PANAMA CITY, FL 32408	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 all other like empowered.			
SIGNATURE: 		1/12/08 334-671-9555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	