

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04752** (4)
1. Corporation Name
DUNES OF PANAMA FACILITIES CORPORATION



Principal Place of Business: **7205 THOMAS DR. PANAMA CITY BEACH FL 32408**
Mailing Address: **7205 THOMAS DR. PANAMA CITY BEACH FL 32408**

3. Date Incorporated or Qualified: **08/17/1984**
3a. Date of Last Report: **03/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2483915	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MYNARD; JEFF 7205 THOMAS DR, BLDG C PANAMA CITY BEACH FL 32408				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PIPPIN, JOHN			12 NAME	Malone, Steve		
STREET ADDRESS	3760 RIVER MANSIONS			13 STREET ADDRESS	330 Moonlight Bay		
CITY-ST-ZIP	DULUTH GA			14 CITY-ST-ZIP	Panama City Beach, FL		
TITLE	VP	<input type="checkbox"/> DELETE		21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARGILL, THACKER			22 NAME	Shaffér, Rosalie		
STREET ADDRESS	ONE SHALOM PLACE			23 STREET ADDRESS	7205 Thomas Dr., E2006		
CITY-ST-ZIP	COLUMBUS GA			24 CITY-ST-ZIP	Panama City Beach, FL		
TITLE	SD	<input type="checkbox"/> DELETE		31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURROS, EDWARD P.			32 NAME	Metzger, Karl		
STREET ADDRESS	7205 THOMAS DR., SUITE E1806			33 STREET ADDRESS	7205 Thomas Dr., A707		
CITY-ST-ZIP	PANAMA CITY FL			34 CITY-ST-ZIP	Panama City Beach, FL		
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURRAY, ED			42 NAME	Faulkner, Betty		
STREET ADDRESS	7205 THOMAS DRIVE C606			43 STREET ADDRESS	7205 Thomas Drive, B401		
CITY-ST-ZIP	PANAMA CITY BEACH FL			44 CITY-ST-ZIP	Panama City, FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, W.C.			52 NAME			
STREET ADDRESS	1214 W LAKESHORE DR			53 STREET ADDRESS			
CITY-ST-ZIP	DALTON GA			54 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YALE, BARR			62 NAME			
STREET ADDRESS	2401 DELVERTON DRIVE			63 STREET ADDRESS			
CITY-ST-ZIP	DUNWOODY GA			64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward P. Burrows 30 April 92 235-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)