

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
08/17/1984

4. FEI Number 59-2483915	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 7205 Thomas Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 7205 Thomas Dr. Suite, Apt. #, etc.
22 Bld C City & State	27 Bld C City & State
23 Panama City Beach, FL Zip Country	28 Panama City Beach, FL Zip Country
24 32408	25 Country
29 32408	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MYNARD, JEFF
7205 THOMAS DR, BLDG C
PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: *Jeff Mynard* **2-16-98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	PIPPIN, JOHN	1.2 NAME	Shaffer, Rosalie
STREET ADDRESS	3780 RIVER MANSIONS	1.3 STREET ADDRESS	7205 Thomas Dr. E2006
CITY-ST-ZIP	DULUTH GA	1.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	VP	2.1 TITLE	TD
NAME	CARGILL, THACKER	2.2 NAME	Furlough, Bob
STREET ADDRESS	1249 ROCKY SHOALS DR	2.3 STREET ADDRESS	228 Rosehill Dr., North
CITY-ST-ZIP	MIDLAND GA	2.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	SD	3.1 TITLE	D
NAME	BURRUS, EDWARD P	3.2 NAME	Burrus, Edward P.
STREET ADDRESS	7205 THOMAS DR., SUITE E1806	3.3 STREET ADDRESS	7205 Thomas Dr., Suite E1806
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	D	4.1 TITLE	D
NAME	MURRAY, ED	4.2 NAME	Fesmire, Marion
STREET ADDRESS	7205 THOMAS DRIVE C606	4.3 STREET ADDRESS	7205 Thomas Dr., C601
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	TD	5.1 TITLE	D
NAME	PARRISH, JAMES	5.2 NAME	Bowles, Jesse
STREET ADDRESS	1843 EAST TRINITY BLVD	5.3 STREET ADDRESS	P.O. Box 99 (N/A)
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	Cuthbert, GA 31740
TITLE	D	6.1 TITLE	D
NAME	YALE, BARRY	6.2 NAME	Majors, Peggy
STREET ADDRESS	2401 DELVERTON DRIVE	6.3 STREET ADDRESS	347 W. Maple Street
CITY-ST-ZIP	DUNWOODY GA	6.4 CITY-ST-ZIP	Caneyville, KY

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14. 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 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: *Carol...* **2/16/98 850-234-8839**

CR2E037 (10/97)