

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90062 014 ****61.25

DOCUMENT # N04752
 1. Entity Name
DUNES OF PANAMA FACILITIES CORPORATION



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

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-2483915**
 Applied For: Not Applicable

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



MOORE CR2E037 (11/03)

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|--------------------|
| MYNARD, JEFF 7205 THOMAS DR, BLDG C PANAMA CITY BEACH 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: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$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: D | FURLOUGH, ROBERT DR. 228 ROSEHILL DR. NORTH TALLAHASSEE FL 32312 <input type="checkbox"/> Delete | TITLE: P | Furlough, Robert Dr. 228 Rosehill Dr., North Tallahassee, FL 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP | MICHAEL, MIMBS 3907 N. SEMINOLE WAY WOODSTOCK GA 30189 <input checked="" type="checkbox"/> Delete | TITLE: VP | MIXSON, STEVE 7625 CAMDEN HARBOR DR. BRADENTON FL 32412 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: TD | HORTON, JOHN 7205 THOMAS DRIVE, C303 PANAMA CITY BEACH FL 32408 <input type="checkbox"/> Delete | TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | SCHAFFER, LARRY 136 ALEXANDRIA DRIVE MACON GA 31210 <input checked="" type="checkbox"/> Delete | TITLE: D | Calton, Jimmy 226 E. Broad St. Eufaula, AL 36027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D | MAJORS, PEGGY 102 MAIN STREET CANEYVILLE KY 42721 <input type="checkbox"/> Delete | TITLE: S | Majors, Peggy 102 N. Main St. Caneville, Ky 42721 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | OKEEF, KAREN 421 W PALM BEACH DR PANAMA CITY FL 32408 <input type="checkbox"/> Delete | TITLE: D | OKEEFE, KAREN 421 W. BEACH DR. PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **Jeff Mynard** 4/12/04 (850) 224-8839