


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 038 ****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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2483915	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MYNARD, JEFF 7205 THOMAS DR, BLDG C PANAMA CITY BEACH, FL 32408				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURLOUGH, ROBERT DR.		NAME		
STREET ADDRESS	228 ROSEHILL DR. NORTH		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIXSON, STEVE		NAME		
STREET ADDRESS	7625 CAMDEN HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	BRANDENTON, FL 32412		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HORTON, JOHN		NAME		
STREET ADDRESS	7205 THOMAS DRIVE, C303		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALTON, JIMMY		NAME		
STREET ADDRESS	226 E BROAD ST.		STREET ADDRESS		
CITY-ST-ZIP	EUFAULA, AL 36027		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAJORS, PEGGY		NAME		
STREET ADDRESS	102 MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	CANEYVILLE, KY 42721		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKEEF, KAREN		NAME		
STREET ADDRESS	421 W BEACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		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: _____			Date: 4/28/06 Daytime Phone #: (950)2348839		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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