


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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
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01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2483915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MYNARD, JEFF
 7205 THOMAS DR, BLDG C
 PANAMA CITY BEACH, FL 32408**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

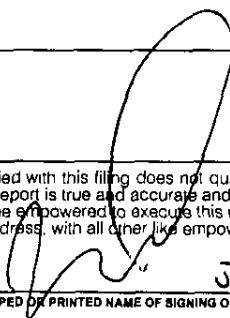
U00000841883
 03/11/08-80005-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FURLOUGH, ROBERT DR. 228 ROSEHILL DR. NORTH TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORTON, JOHN 7205 THOMAS DRIVE, C303 PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALTON, JIMMY 226 E BROAD ST. EUFULA, AL 36027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAJORS, PEGGY 102 MAIN STREET CANEYVILLE, KY 42721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKEEF, KAREN 421 W BEACH DRIVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Jeff Mynard R/A** **2-18-08** **850-231-8833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #