

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04752

FILED
Apr 09, 2009
Secretary of State

Entity Name: DUNES OF PANAMA FACILITIES CORPORATION

Current Principal Place of Business:

7205 THOMAS DR.
BUILDING C
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

7205 THOMAS DR.
BUILDING C
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 59-2483915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FURLOUGH, ROBERT DR.
Address: 228 ROSEHILL DR. NORTH
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: HORTON, JOHN
Address: 7205 THOMAS DRIVE, C303
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: CALTON, JIMMY
Address: 226 E BROAD ST.
City-St-Zip: EUFAULA, AL 36027

Title: S () Delete
Name: MAJORS, PEGGY
Address: 102 MAIN STREET
City-St-Zip: CANEYVILLE, KY 42721

Title: D () Delete
Name: OKEEFE, KAREN
Address: 421 W BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OKEEFE, KAREN
Address: 421 W BEACH DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Change (X) Addition
Name: BANACH, WARREN DR
Address: 112 ABBEY LANE
City-St-Zip: ENTERPRISE, AL 36330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF MYNARD

RA

04/09/2009

Electronic Signature of Signing Officer or Director

Date