

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90068 020 ****61.25

DOCUMENT # N98000004822		
1. Entity Name HIDDEN DUNES AT PANAMA CITY BEACH CONDOMINIUM OWNERS ASSOCIATION, INC.		

Principal Place of Business 7115 THOMAS DRIVE PANAMA CITY BEACH FL 32408	Mailing Address 7115 THOMAS DRIVE PANAMA CITY BEACH FL 32408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3595217		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN FL 32444		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

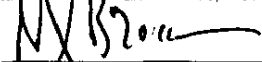
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	☐ Delete		TITLE	P	☒ Change	☐ Addition
NAME	FARR, JOHN JR.			NAME	Farr, John Jr		
STREET ADDRESS	1020 BROOKHOLLOW ROAD			STREET ADDRESS	1020 Brookhollow Road		
CITY-ST-ZIP	ANDERSON SC 29621			CITY-ST-ZIP	Anderson, SC 29621		
TITLE	VPD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	THOMAS, LARRY			NAME			
STREET ADDRESS	1616 CARY CENTER N.W.			STREET ADDRESS			
CITY-ST-ZIP	CULLMAN AL 35056			CITY-ST-ZIP			
TITLE	SD	☒ Delete		TITLE	Tommy Dollar - Secretary	☐ Change	☒ Addition
NAME	JONES, KATHRYN			NAME	309 Country Club Drive		
STREET ADDRESS	7115 THOMAS DRIVE, #1704			STREET ADDRESS	Bainbridge Ga. 31717		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408			CITY-ST-ZIP			
TITLE	TD	☒ Delete		TITLE		☐ Change	☐ Addition
NAME	CRISP, TYRENE			NAME			
STREET ADDRESS	7115 THOMAS DRIVE, #1805			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408			CITY-ST-ZIP			
TITLE	VPD	☐ Delete		TITLE	Brock, Newman	☒ Change	☐ Addition
NAME	NEWMAN, BROCK			NAME	2727 Shakey Joe Road		
STREET ADDRESS	2727 SHAKEY JOE RD.			STREET ADDRESS	Youngstown, FL 32466		
CITY-ST-ZIP	YOUNGSTOWN FL 32466			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **4.23.04** **850-249-3863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #