

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90061 047 ****61.25

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

Principal Place of Business	Mailing Address
7115 THOMAS DRIVE PANAMA CITY BEACH FL 32408	7115 THOMAS DRIVE PANAMA CITY BEACH FL 32408

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
59-3595217		☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN FL 32444		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

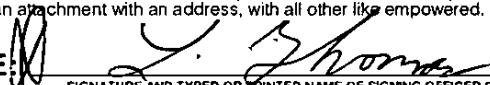
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FARR, JOHN JR.	NAME	
STREET ADDRESS	1020 BROOKHOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	ANDERSON SC 29621	CITY-ST-ZIP	
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	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOLLAR, TOMMY	NAME	
STREET ADDRESS	309 COUNTRY CLUB DR.	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA 31717	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NEWMAN, BROCK	NAME	
STREET ADDRESS	2727 SHAKEY JOE RD.	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☒ Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Jim Coxwell
CITY-ST-ZIP		CITY-ST-ZIP	PO Box 1555
TITLE	☐ Delete	TITLE	Kennesaw, GA 30152
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____