

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04752

FILED
Jan 23, 2014
Secretary of State
CC5485462403

Entity Name: DUNES OF PANAMA FACILITIES CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2483915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title P
Name FURLOUGH, ROBERT DR.
Address 228 ROSEHILL DR. NORTH
City-State-Zip: TALLAHASSEE FL 32312

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

Title VP
Name CALTON, JIMMY
Address 226 E BROAD ST.
City-State-Zip: EUFAULA AL 36027

Title D
Name BOWERS, JOE
Address 1536 MILLINGTON RD
City-State-Zip: COLUMBUS GA 31904

Title D
Name BANACH, WARREN DR
Address 112 ABBEY LANE
City-State-Zip: ENTERPRISE AL 36330

Title DIRECTOR
Name TEMPEST, TOM
Address 7205 THOMAS DR
UNIT C207
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name STAFFORD, RALPH
Address 469 CASTLE RD
City-State-Zip: DALTON GA 30720

Title DIRECTOR
Name FESMIRE, MARION
Address 7205 THOMAS DR
C601
City-State-Zip: PANAMA CITY FL 32408

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I hereby 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 all other like empowered.

SIGNATURE: ROBERT FURLOUGH

PRESIDENT

01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOGAN, DONALD
Address PO BOX 28316
City-State-Zip: PANAMA CITY BEACH FL 32411