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.

| Officer/Director Detail : | | | | |
|---------------------------|----------------------------|-----------------|------------------------|--|
| Title | SECRETARY | Title | PRESIDENT | |
| Name | HORTON, JOHN | Name | BOWERS, JOE | |
| Address | 7205 THOMAS DRIVE, C303 | Address | 1536 MILLINGTON RD | |
| City-State-Zip: | PANAMA CITY BEACH FL 32408 | City-State-Zip: | COLUMBUS GA 31904 | |
| Title | VP | Title | DIRECTOR | |
| Name | BANACH, WARREN DR | Name | WILLIS, LINDA | |
| Address | 112 ABBEY LANE | Address | PO BOX 57 | |
| City-State-Zip: | ENTERPRISE AL 36330 | City-State-Zip: | MORRIS AL 35116 | |
| Title | DIRECTOR | Title | DIRECTOR | |
| Name | STAFFORD, RALPH | Name | FESMIRE, MARION | |
| Address | 469 CASTLE RD | Address | 7205 THOMAS DR C601 | |
| City-State-Zip: | DALTON GA 30720 | City-State-Zip: | PANAMA CITY FL 32408 | |
| Title | DIRECTOR | Title | DIRECTOR | |
| Name | TANNER, GREG | Name | GEORGE WILSON | |
| Address | 721 PROVIDENCE CLUB DRIVE | Address | 1692 FLORIDA ROAD | |

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

Name and Address of Current Registered Agent:

WILLIAMS, JACK 502 HARMON AVENUE PANAMA CITY, FL 32402 US

PANAMA CITY BEACH, FL 32408 US

Entity Name: DUNES OF PANAMA FACILITIES CORPORATION

Current Principal Place of Business:

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

DOCUMENT# N04752

Current Mailing Address:

7205 THOMAS DR. **BUILDING C**

FEI Number: 59-2483915

SIGNATURE: JACK WILLIAMS

City-State-Zip: MONROE GA 30656

above, or on an attachment with all other like empowered.

SIGNATURE: JOE BOWERS

Electronic Signature of Registered Agent

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Signing Officer/Director Detail

Continues on page 2

City-State-Zip: PELL CITY AL 35125

PRESIDENT

01/31/2022

FILED Jan 31, 2022 Secretary of State 0871093606CC

01/31/2022 Date

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

| Title | DIRECTOR |
|-----------------|-------------------|
| Name | EZZELL, WES |
| Address | 4526 SEARS ROAD |
| City-State-Zip: | COLUMBUS GA 31907 |