

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740246

FILED
Apr 29, 2009
Secretary of State

Entity Name: DUNES OF PANAMA PHASE I ASSOCIATION, INC.

Current Principal Place of Business:

7205 THOMAS DRIVE
BLDG A
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

7205 THOMAS DRIVE
BLDG A
PANAMA CITY, FL 32408

New Mailing Address:

FEI Number: 59-1838117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, JOHN R MGR
7205 THOMAS DRIVE
BLDG A
PANAMA CITY, 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: T () Delete
Name: SCHAFER, JOYCE
Address: 136 ALEXANDRIA DR
City-St-Zip: MACON, GA 32417

Title: D () Delete
Name: BEAM, JANICE
Address: 5111 BOYD DRIVE
City-St-Zip: COLUMBUS, GA 31909

Title: S () Delete
Name: BOWLES, JANE
Address: RR3 BOX 291
City-St-Zip: CUTHBERT, GA 39840

Title: D () Delete
Name: DUFFEY, HENRY
Address: 2551 AMALFI DR
City-St-Zip: CONYERS, GA 30012

Title: D () Delete
Name: MITCHAM, JAMES
Address: P.O. BOX 20397
City-St-Zip: PANAMA CITY, BCH, FL 32417

Title: P () Delete
Name: HAWKINS, DAVID
Address: 1753 ARGONNE DRIVE
City-St-Zip: MORROW, GA 30281

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: P (X) Change () Addition
Name: DUFFY, HENRY
Address: 2551 AMALFI DR
City-St-Zip: CONYERS, GA 30012

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

Title: D (X) Change () Addition
Name: HAWKINS, DAVID
Address: 1753 ARGONNE DRIVE
City-St-Zip: MORROW, GA 30281

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: DAVID HAWKINS

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date