2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 755119

1. Entity Name
DUNES OF PANAMA PHASE III ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7205 THOMAS DR. BLDG. C. PANAMA CITY, FL 32408	7205 THOMAS DR. BLDG. C. PANAMA CITY, FL 32408

01232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2433776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MYNARD, JEFF D.
7205 THOMAS DR.
BLDG C
PANAMA CITY BCH, FL 32408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000841884
03/11/08-80005-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHARLES, BENNETT
STREET ADDRESS	PO BOX 535
CITY-ST-ZIP	HARDINSBURG, KY 40143
TITLE	T
NAME	HORTON, JOHN
STREET ADDRESS	7205 THOMAS DR C303
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	D
NAME	BANACH, DR WARREN
STREET ADDRESS	112 ABBEY LANE
CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	V
NAME	DUSKIN, ED
STREET ADDRESS	378 7TH AVE NE
CITY-ST-ZIP	DAWSON, GA 31742
TITLE	D
NAME	PARRISH, JAMES
STREET ADDRESS	413 RIVER BIRCH CIR
CITY-ST-ZIP	WETUMPKA, AL 36093
TITLE	D
NAME	MORGAN, RON
STREET ADDRESS	4639 DELWOOD PK BLVD
CITY-ST-ZIP	PANAMA CITY BCH, FL 32408

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeff Mynard R/A 2/18/08 850-234-8835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #