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# FILED
# Feb 24 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756188** **(9)**

1. Corporation Name

**DUNES OF PANAMA MANAGEMENT ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7205 THOMAS DRIVE<br>PANAMA CITY BEACH FL 32407 | 7205 THOMAS DRIVE<br>PANAMA CITY BEACH FL 32407 |

3. Date Incorporated or Qualified: 02/04/1981

4. FEI Number: 59-2050149 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7205 Thomas Dr. | 26 7205 Thomas Dr. |
| Suite, Apt. #, etc.<br>22 Bld. C | Suite, Apt. #, etc.<br>27 Bld. C |
| City & State<br>23 Panama City Beach, FL | City & State<br>28 Panama City Beach, FL |
| Zip / Country<br>24 32408 / 25 | Zip / Country<br>29 32408 / 30 |

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

MYNARD, JEFF D
7205 THOMAS DRIVE
BLDG C
PANAMA CITY BEACH FL 32407

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Jeff D. Mynard Jeff Mynard 2-16-98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOWISON, JACK<br>2940 TALL PINES WAY<br>ATLANTA GA | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SD<br>Payne, Don<br>117 Sam Davis Dr.<br>Springfield, TN 37172 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BENNETT, CHARLES<br>ROUTE 2, BOX 535<br>HARDINSBURG KY | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Thomas, Paul<br>106 Grove Isle Blvd.<br>Panama City Beach, FL 32407 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DERUM, MIKE<br>1010 RIVERSIDE RD<br>ROSWELL GA | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Majors, Peggy<br>347 W. Maple Street<br>Caneyville, KY | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>DUSKIN, EDGAR<br>398 7TH AVENUE NE<br>DAWSON GA | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BURG, TOM<br>7565 KINSELLA CT<br>DUNWOODY GA | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CALTON, JIM<br>P O BOX 895 N/A<br>EUFAULA AL | ☒ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or added with an attachment with an address.

**SIGNATURE:** Charles Bennett 2/16/98 850-234-8839