2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90152 016 ****61.25

DOCUMENT # 756188

Entity Name

DUNES OF PANAMA MANAGEMENT ASSOCIATION, INC.

B0029085

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
05 THOMAS DRIVE DG C NAMA CITY BEACH FL 32408	7205 THOMAS DRIVE BLDG C PANAMA CITY BEACH FL 32408 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2050149 ☐ 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 DRIVE
BLDG C
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE	D	☐ Delete	TITLE	①	☐ Change ☒ Addition
NAME	WATTS, JAMES		NAME	DONALD HOGAN	
STREET ADDRESS	65 COVENTRY		STREET ADDRESS	2433 THOMAS DRIVE	
CITY-ST-ZIP	TUSCALOOSA AL 35404		CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	☐ Delete	TITLE	②	☐ Change ☒ Addition
NAME	BENNETT, CHARLES		NAME	JAMES PARRISH	
STREET ADDRESS	ROUTE 2, BOX 535		STREET ADDRESS	1843 E. TRINITY BLVD.	
CITY-ST-ZIP	HARDINSBURG KY		CITY-ST-ZIP	MONTGOMERY, AL 36106	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DERUM, MIKE		NAME		
STREET ADDRESS	1010 RIVERSIDE RD		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DUSKIN, EDGAR		NAME		
STREET ADDRESS	398 7TH AVENUE NE		STREET ADDRESS		
CITY-ST-ZIP	DAWSON GA		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURG, TOM		NAME		
STREET ADDRESS	7565 KINSELLA CT		STREET ADDRESS		
CITY-ST-ZIP	DUNWOODY GA		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MAJORS, PEGGY		NAME		
STREET ADDRESS	347 W. MAPLE STREET		STREET ADDRESS		
CITY-ST-ZIP	CANEYVILLE KY		CITY-ST-ZIP		

CR2E037 (9/01)

12. 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 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: X SIGNATURE REQUIRED 2/1/02 (850) 234-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #