


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 756188</b>		
1. Entity Name DUNES OF PANAMA MANAGEMENT ASSOCIATION, INC.		

Principal Place of Business 7205 THOMAS DRIVE BLDG C PANAMA CITY BEACH, FL 32408 US	Mailing Address 7205 THOMAS DRIVE BLDG C PANAMA CITY BEACH, FL 32408 US
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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2050149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUSKIN, EDGAR PO BOX 7000 DAWSON, GA 39842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENNETT, CHARLES PO BOX 535 HARDINSBURG, KY 40143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLOUGH, ROBERT 228 ROSEHILL DR. NORTH TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, DON 2433 THOMAS DR. BOX 109 PANAMA CITY, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURG, TOM 7565 KINSELLA CT DUNWOODY, GA 30350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJORS, PEGGY 102 N. MAIN STREET CANEYVILLE, KY 42721

<b>DO NOT WRITE IN THIS SPACE</b>
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03/25/05-80040-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/05 800-234-285