2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756188

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91437 003 ****61.25

DUNES C)F PANAMA MANAGEMENI A	SSOCIATION, 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 FI US	L 32408		47 JOHAN BUSH BUSU SUBUS HARRI KAN		11 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGE	S	
Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current F MYNARD, JEFF D 7205 THOMAS DRIVE		City & State		4. FEI Nu	4. FEI Number 59-2050149			
Zip	Country	Zìp	Country	5. Certific	cate of Status Desired	S8.75 A		
	6. Name and Address of Current	Registered Agent		7.≈Name	and Address of New Regi	<u> </u>		
			Nan	e				
			Stre	et Address (P.O. Box Nu	(P.O. Box Number is Not Acceptable)			
BLDG C								
PANAMA	CITY BEACH FL 32407	City			11 + 141111	FL Zip Co	de	
	e named entity submits this statement fo	r the purpose of changing	its registered offic	e or registered agent, or	both, in the State of Florida	a. I am familiar with	, and accept	
the obliga	tions of registered agent.							
SIGNATURE								
SIGNATORE	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered Agent s	gnature required when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25		ampaign Financir Contribution.	g \$5.00 Ma Added to F		Check Payable Department of		
10.	OFFICERS AND DIF	RECTORS	11.	_ ADDITIONS/	CHANGES TO OFFICERS	AND DIRECTORS I	N 10	
TITLE	D	☐ Delete	TITLE	P		hange	☐ Addition	
NAME	WATTS, JAMES	•	NAME	ouskin,	Edgar	•		
STREET ADDRESS CITY-ST-ZIP	65 COVENTRY TUSCALOOSA AL 35404		STREET ADDRE	SS	J			
.	D D					Name		
TITLE NAME	BENNETT, CHARLES	☐ Delete	TITLE	Bennett P.O. Box	charles	Change	☐ Addition	
STREET ADORESS	ROUTE 2, BOX 535	ŧ	STREET ADDRE	S P.O. Box	S35			
CITY-ST-ZIP	HARDINSBURG KY		CITY-ST-ZIP	Hardinsha	rg, KY 40143			
TITLE	PD	Delete	TITLE	۵	J'''	Change	Addition	
NAME	DERUM, MIKE		NAME	furlough	, Dr. Robert hill Or., North			
STREET ADDRESS	1010 RIVERSIDE RD		STREET ADDRE	S 228 Rose	hill Or, North	L .		
CITY-ST-ZIP	ROSWELL GA		CITY-ST-ZIP	Tallahasse	r, FL 32312	<u> </u>		
TITLE	VO	☐ Delete	TITLE	P	,	☐ Change	Addition	
IAME	DUSKIN, EDGAR		NAME	Hosan, C			•	
STREET ADDRESS SITY-ST-ZIP	398 7TH AVENUE NE DAWSON GA		STREET ADDRE CITY-ST-ZIP	7,500		01.40		
	TD	По		Panama Ci	ty Bch, FL 32		Ter Augustu	
itle Iame	BURG, TOM	☐ Delete	TITLE NAME	Steinher	nner, Willian	☐ Change	Addition	
TREET ADDRESS	7565 KINSELLA CT		STREET ADDRE	3 121 DO W	I wood Lane	_		
CITY-ST-ZIP	DUNWOODY GA		CITY-ST-ZIP		IN 46011			
TILE	D	☐ Delete	TITLE	D	, +10 4001(Change	☐ Addition	
	15	L Delete	4		D	Charly's	☐ Vanimi	
NAME,	IMAJURS, PEGGT		NAME	1/1010cs.	1 PSR 6			
IAME STREET ADDRESS	MAJORS, PEGGY 347 W. MAPLE STREET	Λ	NAME Street addre	Majors, 102 n. ma	in Street			

12. I hereby certify that the information supplied with this filling 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 trostee 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:

REQUIRED