

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 762641

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



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

Mailing Address
**7205 THOMAS DR.
BLDG C
PANAMA CITY, FL 32408**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1637308

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(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 MAJORS, PEGGY 102 N. MAIN STREET CANEYVILLE, KY 42721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANACH, WARREN DR. 112 ABBEY LANE ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXSON, STEVE 7625 CAMDEN HARBOR DR. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWERS, JOE 1536 MILLINGHAM RD. COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPHILL, CHARLES 1817 WOOD VALLEY DR. DALTON, GA 30720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAKEFIELD, STEVE 5195 FOREST VIEW CT. MABLETON, GA 30126

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03/25/05-80040-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3/24/05

Date

850-231-8829

Daytime Phone #