
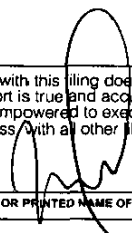


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 013 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-1637308	
Zip		Country		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 DR BLDG C PANAMA CITY BCH, FL 32408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJORS, PEGGY 102 N. MAIN STREET CANEYVILLE, KY 42721 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BANACH, WARREN DR. 112 ABBEY LANE ENTERPRISE, AL 36330 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXSON, STEVE 7625 CAMDEN HARBOR DR. BRADENTON, FL 34212 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWERS, JOE 1536 MILLINGHAM RD. COLUMBUS, GA 31904 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPHILL, CHARLES 1817 WOOD VALLEY DR. DALTON, GA 30720 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WAKEFIELD, STEVE 5195 FOREST VIEW CT. MABLETON, GA 30126 <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1536 Millington Rd.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14660 Creek Club Dr. Alpharetta, GA 30004				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Jeff Mynard V/A 2/18/08 857-234-8839 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40050100



01232008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MAJORS, PEGGY 102 N. MAIN STREET CANEYVILLE, KY 42721 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P BANACH, WARREN DR. 112 ABBEY LANE ENTERPRISE, AL 36330 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V MIXSON, STEVE 7625 CAMDEN HARBOR DR. BRADENTON, FL 34212 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S BOWERS, JOE 1536 MILLINGHAM RD. COLUMBUS, GA 31904 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D HEMPHILL, CHARLES 1817 WOOD VALLEY DR. DALTON, GA 30720 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T WAKEFIELD, STEVE 5195 FOREST VIEW CT. MABLETON, GA 30126 ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Jeff Mynard V/A 2/18/08 857-234-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #