

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762641

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

7205 THOMAS DR.
BLDG C
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

7205 THOMAS DR.
BLDG C
PANAMA CITY, FL 32408

New Mailing Address:

FEI Number: 58-1637308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYNARD, JEFF D.
7205 THOMAS DR BLDG C
PANAMA CITY BCH, FL 32408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAJORS, PEGGY
Address: 102 N. MAIN STREET
City-St-Zip: CANEYVILLE, KY 42721

Title: P () Delete
Name: BANACH, WARREN DR.
Address: 112 ABBEY LANE
City-St-Zip: ENTERPRISE, AL 36330

Title: V () Delete
Name: MIXSON, STEVE
Address: 7625 CAMDEN HARBOR DR.
City-St-Zip: BRADENTON, FL 34212

Title: S () Delete
Name: BOWERS, JOE
Address: 1536 MILLINTON RD
City-St-Zip: COLUMBUS, GA 31904

Title: D () Delete
Name: HEMPHILL, CHARLES
Address: 1817 WOOD VALLEY DR.
City-St-Zip: DALTON, GA 30720

Title: T () Delete
Name: WAKEFIELD, STEVE
Address: 14660 CREEK CLUB DR
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOWLER, J B
Address: 7205 THOMAS DR UNIT D403
City-St-Zip: PANAMA CITY, FL 32408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF MYNARD

RA

04/09/2009

Electronic Signature of Signing Officer or Director

Date