


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90031 033 ****61.25

DOCUMENT # N02000007089 1. Entity Name DUNE CREST TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 8226 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			Mailing Address 1465 CHICKASAW ST. DOTHAN, AL 36303		
2. Principal Place of Business 6404 Thomas Drive Suite, Apt. #, etc.		3. Mailing Address (same) Suite, Apt. #, etc.			
City & State Panama City Beach, FL Zip 32408		City & State Zip Country		4. FEI Number 14-1881281 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent MENDHEIM, CLIFF 8226 THOMAS DRIVE PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name Butch Metcalf Street Address (P.O. Box Number is Not Acceptable) 8235 Grand Bay Blvd. City Panama City Beach FL Zip Code 32408		
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 <u><i>[Signature]</i></u> DATE <u>2/6/06</u> <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, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDHEIM, CLIFF 1465 CHICKASAW ST. DOTHAN, AL 36303 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Butch Metcalf 8235 Grand Bay Blvd. Panama City Beach, FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mark Dillon 18412 Front Beach Road # 303 Panama City Beach, FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bob Lowry 9830 Highway 2301 Youngstown, FL 32466 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anna Wheate 10216 Highbury Lane St. Louis, MO 63123 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>2/6/06</u> (344) 793-3377 <small>DATE DAYTIME PHONE #</small>		