2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2007 8:00 am Secretary of State

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1. Entity Name DUNE CR	MENT # N02000007 EST TOWNHOMES HOME TION, INC.				' 90049 00 3	****61.	25		
Principal Place 6404 THOMA PANAMA CITY	AS DR	Mailing Address 1465 CHICKASAW ST. DOTHAN, AL 36303			UDZOOJ Milimini	EDIN DENN BRIN (FON	(1) 1	(a) (1) (61)	
2. Principal Pf	face of Business - No P.O. Box #	3. Mailing Address 3202 Form	idee Rd						
Suite Apt. Payer City & State	we City Booch, FL	Suite, Apt. #, etc.	JAL	04032007	Chg-NP	CR2E037		plied For	
Chy a Siale	₹ .	City & State		14-188			_ 	Applicable	
Zip 3 7	2408 Country V54	Zip 36303	Country	<u> </u>	of Status Desire	ı i	8.75 Addi ee Required		
	6. Name and Address of Current F	Registered Agent	Name		d Address of Nev	v Registered A	gent	-	
METCALF,			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	ND BAY BLVD CITY, FL 32408		Oliber Add	mess (F.O. Dox Home	iei ia rioi Accepte				
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			City			FL	Zip Code	•	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or re	egistered agent, or be	oth, in the State of	Florida. I am fa	ımiliar with, a	and accept	
SIGNATURE .	Signature broad or granted name of registered agent a	und tide if applicable. (NOTF: R	Repistered Agent signature	required when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent a			required when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	paign Financing	\$5.00 May		DATE Make check (Jorida Departi			
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I hereby certify that the information supplied with this filling does not quality 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 an other like empowered.

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SIGNATURE AND TYPED OF PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 Dai

334-671-9555 Daytime Phone #