

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 028 ****61.25

DOCUMENT # N07889

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



Principal Place of Business
**7205 THOMAS DRIVE
BLDG. C
PANAMA CITY BEACH, FL 32408 US**

Mailing Address
**7205 THOMAS DRIVE
BLDG. C
PANAMA CITY BEACH, FL 32408 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2542541

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

**MYNARD, JEFFREY D.
7205 THOMAS DRIVE BUILDING C
PANAMA CITY BEACH, FL 32408**

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 reinstalling)

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**

**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
**P
CARGILL, THACKER
1249 ROCK SHOALS RD.
MIDLAND, GA 31820** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CARGILL, THACKER
1249 ROCKY SHOALS RD.
MIDLAND GA 31820** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STEINBRUNNER, BILL
4022 KNOLL WOOD LANE
ANDERSON, IN 46011** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
STEINBRUNNER, BILL
4022 KNOLL WOOD LANE
ANDERSON, IN 46011** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PIPPIN, JOHN DR.
3760 RIVER MANSIONS
DULUTH, GA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PIPPIN, JOHN DR.
3760 RIVER MANSION DR.
DULUTH, GA 30096** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PEARY, MARY
7205 THOMAS DR., E806
PANAMA CITY, FL 32408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PEARY, MARY
7205 THOMAS DR., E806
PANAMA CITY, FL 32408** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REYNOLDS, WILLIS
6217 MILBROOK LANE
BRENTWOOD, TN 37027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REYNOLDS, WILLIS
6217 MILBROOK LANE
BRENTWOOD, TN 37027** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALTON, JIMMY
226 E BROAD ST.
EUFAULA, AL 36027** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALTON, JIMMY
226 E BROAD ST.
EUFAULA, AL 36027** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

3/24/05

850-214-8875