

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90037 006 ****61.25

60026321



03022007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2542541 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYNARD, JEFFREY D. 7205 THOMAS DRIVE BUILDING C PANAMA CITY BEACH, FL 32408			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAASILL, THACILER		NAME	Cargill, Thacker	
STREET ADDRESS	1249 ROCK SHOALS RD.		STREET ADDRESS		
CITY-ST-ZIP	MIDLAND, GA 31820		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINBRUNNER, BILL		NAME		
STREET ADDRESS	4022 KNOLL WOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	ANDERSON, IN 46011		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPPIN, JOHN DR.		NAME		
STREET ADDRESS	3760 RIVER MANSIONS		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORMINEU, TIM		NAME	Dorminey, Tim	
STREET ADDRESS	7205 THOMAS DR UNIT E2002		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYNOLDS, WILLIS		NAME		
STREET ADDRESS	6217 MILBROOK LANE		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, TN 37027		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALTON, JIMMY		NAME	Calton, Jimmy	
STREET ADDRESS	226 E BROAD ST.		STREET ADDRESS		
CITY-ST-ZIP	EUFAULA, AL 36027		CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/07 850-234-8835 <small>Date Daytime Phone #</small>		

Jeff Mynard