2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07889

FILED Jan 22, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 7205 THOMAS DRIVE BLDG. C PANAMA CITY BEACH, FL 32408 US **New Mailing Address: Current Mailing Address:** 7205 THOMAS DRIVE BLDG. C PANAMA CITY BEACH, FL 32408 US FEI Number: 59-2542541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYNARD, JEFFREY D. 7205 THOMAS DRIVE BUILDING C PANAMA CITY BEACH, FL 32408 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CORGILL, THACKER CARGILL, THACKER Name: Name: 1249 ROCK SHOALS RD. Address: 1249 ROCKY SHOALS RD. Address: City-St-Zip: MIDLAND, GA 31820 City-St-Zip: MIDLAND, GA 31820 Title: () Delete Title: () Change () Addition STEINBRUNNER, BILL Name: Name: Address: 4022 KNOLL WOOD LANE Address: City-St-Zip: ANDERSON, IN 46011 City-St-Zip: Title: () Delete Title: (X) Change () Addition PIPPIN, JOHN DR., Name: CALTON, JIMMY Name: 3760 RIVER MANSIONS 226 EAST BROAD ST Address: Address: City-St-Zip: DULUTH, GA 30096 City-St-Zip: EUFAULA, AL 36027 Title: () Delete Title: () Change () Addition Name: DORMINEY, TIM Name: 7205 THOMAS DR UNIT E2002 Address: Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: Title: () Delete Title: () Change () Addition REYNOLDS, WILLIS Name: Name: 6217 MILBROOK LANE Address: Address: City-St-Zip: BRENTWOOD, TN 37027 City-St-Zip: Title: (X) Delete Title: () Change () Addition CALTON, JIMMY Name: Name: Address: 226 E BROAD ST. Address: EUFAULA, AL 36027 City-St-Zip: 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 01/22/2008