

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004822

1. Entity Name
**HIDDEN DUNES AT PANAMA CITY BEACH
CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business
**7115 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**7115 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3595217

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOPKA, ALBERT J III
108 MOSLEY DRIVE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000911129
05/07/08-80026-023 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FARR, JOHN JR.
1020 BROOKHOLLOW ROAD
ANDERSON, SC 29621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
THOMAS, LARRY
1616 CARY CENTER N.W.
CULLMAN, AL 35056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DOLLAR, TOMMY
309 COUNTRY CLUB DR.
BAINBRIDGE, GA 31717**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NEWMAN, BROCK
2727 SHAKEY JOE RD.
YOUNGSTOWN, FL 32466**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COXWELL, JIM
P.O. BOX 1555
KENNESAW, GA 30156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Thomas Farr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #