FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767034** **(2)**

1. Corporation Name
SUNSWEPT COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6829 THOMAS DRIVE P.O. BOX 9297 PANAMA CITY BEACH FL 32417-6297	6829 THOMAS DRIVE P.O. BOX 9297 PANAMA CITY BEACH FL 32417-6297

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/16/1983	05/01/1994

4. FEI Number: 59-2477377 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENNETT, DERRICK 112 E. THIRD COURT PANAMA CITY FL 32401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P ☒ Change ☐ Addition
NAME	MARTIN, BOBBY	12 NAME	BENTON, JOHN
STREET ADDRESS	149 WEATHERSTONE PKWY	13 STREET ADDRESS	2147 B.RIARWOOD CR
CITY-ST-ZIP	MARIETTA GA	14 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD	21 TITLE	V ☒ Change ☐ Addition
NAME	BENTON, JOHN	22 NAME	NELSON, EDIE
STREET ADDRESS	2147 BRIARWOOD CIR.	23 STREET ADDRESS	150 GRAND LAGOON SHORES DR
CITY-ST-ZIP	PANAMA CITY BCH. FL	24 CITY-ST-ZIP	PANAMA CITY BCH, FL 32408
TITLE	VD	31 TITLE	S ☒ Change ☐ Addition
NAME	RADNEY, JOHN	32 NAME	BLANTON, FRED
STREET ADDRESS	1401 SHEBA CT.	33 STREET ADDRESS	4058 WOODRIDGE RD
CITY-ST-ZIP	COLUMBUS GA	34 CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	FRASER, DAN	42 NAME	600001494346
STREET ADDRESS	1114 CLARKE AVE	43 STREET ADDRESS	-05/19/95--01031--004
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	JASPER, RICHARD	52 NAME	MARTIN, BOBBY
STREET ADDRESS	3588 PLOWSHARE RD.	53 STREET ADDRESS	149 WEATHERSTONE PKWY
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	MARIETTA, GA 30068
TITLE	SD	61 TITLE	D ☒ Change ☐ Addition
NAME	NELSON, EDITH	62 NAME	MERGLEWSKI, TOM
STREET ADDRESS	150 GRAND LAGOON SHORES	63 STREET ADDRESS	4386 TAHITI DR
CITY-ST-ZIP	PANAMA CITY FL	64 CITY-ST-ZIP	SPRING HILL, FL 34607

2012
5-18

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

REMITTED BY MAY 1

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6284710