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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 02/16/1983

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

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 617.0502 and 617.1508, 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 617.0503, 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	D	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BENTON, JOHN		1.2 NAME	Fred Blanton	
STREET ADDRESS	3609 DELWOOD DR		1.3 STREET ADDRESS	4058 Woodridge Rd	
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	VP	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	GRISWELL, MAX		2.2 NAME	George Malcom	
STREET ADDRESS	426 E RUTGERS LOOP		2.3 STREET ADDRESS	P.O. Box 80636 (N/A)	
CITY-ST-ZIP	MONTGOMERY AL		2.4 CITY-ST-ZIP	Conyers, GA 30208	
TITLE	D	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	WITHERS, SHIRLEY		3.2 NAME	Nora Neel	
STREET ADDRESS	1816 S.W. LONGVIEW TER		3.3 STREET ADDRESS	474 Hardage Rd	
CITY-ST-ZIP	LEES SUMMIT MO		3.4 CITY-ST-ZIP	Hamilton, GA 31811	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRASER, DAN		4.2 NAME		
STREET ADDRESS	1114 CLARKE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	MARTIN, BOBBY		5.2 NAME	Richard Jasper	
STREET ADDRESS	149 WEATHERSTONE PKWY		5.3 STREET ADDRESS	3043 Hawks Landing Dr	
CITY-ST-ZIP	MARIETTA GA		5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MERGLEWSKI, TOM		6.2 NAME		
STREET ADDRESS	4386 TAHITI DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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.

SIGNATURE: _____ 1/31-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #