## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 767034**

## FILED May 10, 2001 8:00 am

SUNSWEPT COMMUNITY ASSOCIATION, INC.  05-10-2001 90183 050 ****61.25  Principus Place of Business Size April 4: etc Size Ap	1. Entity Name						Secretary of State				
SEED THOMAS DINE POLES OF SEED THOMAS GROVE POLES OF SEED PANAMA CITY BEACH FL 32417-2297  2. Principal Place of Business  Suite, Apt. 4, etc.  City 4, State  City 4, Stat	SUNSW	/EPT COMMUNITY ASSOCIA	TION, INC.	•	•						
PANMAN CITY BEACH PLASSIFE PLANTA CITY BEACH FL. SHIT F2297  PANMAN CITY	Principal Place of Business Mailing Address					_					
Suite, Apt. e, etc.    Suite, Apt. e, etc.   Suite   S	P.O. BOX 9297		P.O. BOX 9297								
City & State  Country  Country  S. Certificate of State Deplaced   \$8.75 Applicated   \$9.75	2. Principal F	Place of Businëss	3. Mailing Address	<del></del>	<del></del>					<b>1</b>	
Zip   Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Foot Required   Street Additional Foot Required   S8.75 Additional Foot Required Agent   Name and Address of New Registered Agent   Name and Address of New	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	,DO NOT WE	RITE IN THIS	SPACE			
Specification of Status Desired   Section	City & State		City & State		4. FEI Numb	50-247737	7		<del></del>		
6. Name and Address of Current Registered Agent  Name Street Address (P.O. Box ** wheel is Not Accountable)  Street Address (P.O. Box ** wheel is Not Accountable)  Street Address (P.O. Box ** wheel is Not Accountable)  City  FL Zip Code  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 Forda,  SIGNATURE  Symbox fyred or brinded reams of registered spell and state globleaute.  FILE NOW: FEE IS \$61.25  PLES SOLUTIONS  PRINCE IS \$61.25  PRINCE IS \$61	Zip	Country	Zip	Cou	ntry	5. Certificate	<del></del>		\$8.75 Add	ditional	
BENNETT, DERRICK 112 E. THIPD COURT PANAMA CITY FL 32401  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE  Signalar, speed a protect frame of largement agent are total signalarial.  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  BLANTON, FRED  BLANTON, JOYCE  BLANTON, JOYCE  BLANTON, FRED  BLANTON, JOYCE  BLANTON, FRED  BLANTON, JOYCE  BLANTON, FRED  BLANTON, JOYCE  BLANTON, FRED  BLANTON, JOYCE  BLANTON, JOYCE  BLANTON, JOYCE  BLANTON, JOYCE  BLANTON, FRED  BLANTON, JOYCE  BLANTO		S Name and Address of Surrent	Desiration of America	Ĺ		<u>البية البية ا</u>	A				
BENNETT, DERRICK 112 E. THIRD COURT PANAMA CITY Ft. 32401  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Forida.  SIGNATURE  Signature  Signature  Signature  Signature  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.   Addition Name SIGNATURE  BLANTON, FRED  Delete  NAME SIGNATURE  Signature, Typed or brinted name of registered agent and title if signature, and title if signature, and title if signature in the signature required when retracting)  DATE  Make Check Payable to Department of State  Department of State  Department of State  Department of State  Delete  NAME SIGNATURE  Signature, Typed or brinted name of registered agent and title if signature, and title if signature in the signature required when retracting)  DATE  Make Check Payable to Department of State  Department of State  Delete  NAME SIGNATION, FRED  Addition  NAME SIGNATION, FRED  Delete  NAME SIGNATION, FRED  Delete  NAME HANLON, JOYCE  SIGNATION, FRED  Delete  NAME HANLON, JOYCE  SIGNATION, FRED  Delete  NAME HANLON, JOYCE  SIGNATION, FRED  Delete  NAME SIGNATION		o. Name and Address of Current	negisterea Agent		Name		Address of New	Registered /	gent		
TILE THIRD COURT PANAMA CITY FL 32401  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.  SIGNATURE    Standard   St		×		1	Name مرجر		· · · · · · · · · · · · · · · · · · ·				
PANAMA CITY FL 32401  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Frorida  SIGNATURE  SUBMILLER, typed or bornted name of registered agent and title of generative agent and title of generative.  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  PANAMA CITY FL 32405  TITLE  BLANTON, FRED  GREEN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  ADAMA CITY FL 32405  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  D  CHANGE Addition  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TALLAHARSEE FL 32301  TITLE  D  Change Charge Addition  Addition  Addition  NAME STREET ADDRESS  CITY-ST-2P  TALLAHARSEE FL 32308  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TALLAHARSEE FL 32308  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TALLAHARSEE FL 32308  TITLE  Charge Charge STREET ADDRESS  CITY-ST-2P  TALLAHARSEE STREET ADDRESS  CITY-ST-2P  TALLAHARSEE  CHA					Street-Addres	(P.O. Box Number is Not Accentable)					
B. 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  Signature, typed or bringed name of registered agent and time a agencia.  FILE NOW: FEE IS \$61.25  PILE N											
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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: \_

RE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR