2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
03-05-2004 90022 008 ****61.25

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1. Entity 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

01222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

ISLER, CHARLES S
434 MAGNOLIA AVE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANDREWS, PAMELA 672 DERBYSHIRE DRIVE TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MALCOM, AL P O BOX 80636 CONYERS, GA 30013	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, BOBBY BOX 2094/658 LITTLE PINE MOUNTAIN ROAD JASPER, GA 30143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEEL, NORA 5204 HURST DRIVE COLUMBUS, GA 31904-4814	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITHERS, CALVIN 1816 SW LONGVIEW TERRACE LEES SUMMIT, MO 64081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WITHERS, CALVIN 1816 SW LONGVIEW TERRACE LEES SUMMIT, MO 64081	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOWARD, BILL 7314 EASY STREET COLUMBUS, GA 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, BILL 7314 EASY STREET COLUMBUS, GA 31904	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, FRANCES 5466 ARMOUR ROAD COLUMBUS, GA 31909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, FRANCES 5466 ARMOUR ROAD COLUMBUS, GA 31909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADNEY, JOHN 1401 SHEBA COURT COLUMBUS, GA 31904	☐ Change ☒ Addition

12. 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 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: William K Howard William K. Howard 2-28-04

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