2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State
05-24-2007 90001 047 ****61.25

DOCUMENT # 767034

1. Entity Name
SUNSWEPT COMMUNITY ASSOCIATION, INC.

40118154

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

03312007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
ISLER, CHARLES S 434 MAGNOLIA AVE PANAMA CITY, FL 32401	Name: Charles A. Tipton Jr., CPA Street Address (P.O. Box Number is Not Acceptable): #5 Miracle Strip Loop, Suite 5 City: Panama City Beach FL Zip Code: 32407

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.

CHARLES A. TIPTON, JR.
CERTIFIED PUBLIC ACCOUNTANT
#5 Miracle Strip Loop, Suite 5
Panama City Beach, FL 32407
ID# 59-2420145

SIGNATURE _____ 5-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for changing) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	VPD MALCOM, AL P.O. BOX 80636 CONYERS, GA 30013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bobby Martin 658 Little Pine Mtn Rd. Jasper, GA 30143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEEL, NORA 5204 HURST DR COLUMBUS, GA 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WITHERS, CALVIN 1816 SW LONGVIEW TERRACE LEES SUMMIT, MO 64081	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, BILL 7314 EASY STREET COLUMBUS, GA 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 303 WARM Springs, GA. 31830	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WRIGHT, FRANCES 5466 ARMOUR ROAD COLUMBUS, GA 31909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADNEY, JOHN 1401 SHEBA COURT COLUMBUS, GA 31904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Bill Howard 4-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #