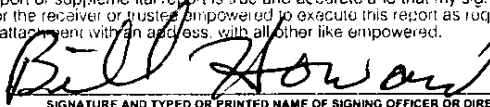


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 6829 THOMAS DRIVE P.O. BOX 9297 PANAMA CITY BEACH, FL 32417-6297			Mailing Address 6829 THOMAS DRIVE P.O. BOX 9297 PANAMA CITY BEACH, FL 32417-6297		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. # etc. City & State Zip Country			
4. FEI Number 59-2477377					
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: 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 person is familiar with and accepts the obligations of the registered agent 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 the registered agent. CHARLES A. TIPTON, JR. CERTIFIED PUBLIC ACCOUNTANT #5 Miracle Strip Loop, Suite 5 Panama City Beach, FL 32407 ID# 59 2420145					
SIGNATURE: 		DATE: 5-22-07			
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-STATE-ZIP	VPD MALCOM, AL P.O. BOX 80636 CONYERS, GA 30013	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NEEL, NORA 5204 HURST DR COLUMBUS, GA 31904	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD WITHERS, CALVIN 1816 SW LONGVIEW TERRACE LEES SUMMIT, MO 64081	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD HOWARD, BILL 7314 EASY STREET COLUMBUS, GA 31904	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD WRIGHT, FRANCES 5466 ARMOUR ROAD COLUMBUS, GA 31909	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D RADNEY, JOHN 1401 SHEBA COURT COLUMBUS, GA 31904	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Bobby Martin 658 Little Pine Mtn Rd. Jasper, GA 30143	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P.O. BOX 303 WARM SPRINGS, GA. 31830	☒ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-18-07					