01/25/2008 03:44 FAX

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90021 019 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767034

1. Entity Name
SUNSWEPT COMMUNITY ASSOCIATION, INC.

401U2436

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

01252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # : 6829 Thomas Drive
Suite, Apt. #, etc :
City & State : Panama City Beach, Fl.
Zip : 32408 Country : U.S.A.

3. Mailing Address
Suite, Apt. #, etc :
City & State :
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

TIPTON, CHARLES A JR. CPA
5 MIRACLE STRIP LOOP, SUITE 5
PANAMA CITY BEACH, FL 32407

7. Name and Address of New Registered Agent

Name: Royal American Hospitality
Street Address (P.O Box Number is Not Acceptable): 9400 South Thomas Drive
City: Panama City Beach FL Zip Code: 32408

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

Filing Fee is $61.25
Due by May 1, 2008

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	PD M MALCOM P.O. Box 80636 CONYERS, GA. 30013	☑ 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 PO BOX 303 WARM SPRINGS, GA 31830	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERRY BROADSTREET 12 BROOKSIDE St. FILLMORE, IN. 46128	☐ 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	D DAVID SLUSSER 6625 HARBOUR BLVD. PANAMA CITY BEACH, FL. 32408	☐ 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	VPD GARY HANLON 4095 TRAILEE DR. LAKE WALES, FL. 33859	☐ 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: _____ 2.9.08 (770)780-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Received
MAR 0 3 2008
Accounting