FILED

Secretary of State

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767034

1. Entity Name



01-21-2003 90132 020 ****61.25 SUNSWEPT COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address 6829 THOMAS DRIVE 6829 THOMAS DRIVE 70012829 P.O. BOX 9297 P.O. BOX 9297 PANAMA CITY BEACH FL 32417-6297 PANAMA CITY BEACH FL 32417-6297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2477377 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISLER, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 434 MAGNOLIA AVE 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. 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 Ĵ 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DDE Delete TITLE Change X Addition BLANTON, FRED NAME Pamela Andrews NAME STREET ADDRESS 4058 WOODRIDGE RD STREET ADDRESS 672 Derbyshire Drive CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-7IP Tallañāssee, FL 32312 TITLE ☐ Delete TITLE ☐ Change 🗶 Addition RADNEY, JOHN NAME Bôbby Martin Box 20094 NAME 1401 SHEBA CT STREET ADDRESS STREET ADDRESS 658 Little Pine Mountain Road Jasper, GA 30143-3473 CITY-ST-7IP COLUMBUS GA 31904 CITY-ST-ZIP Delete TITLE NEEL, NORA NAME Calvin Withers 474 HARDAGE RD STREET ADDRESS STREET ADDRESS 1816_SW-Longview-Terrace-CITY-ST-ZIP **HAMILTON GA 31811** CITY-ST-ZIP <u>Le**£**s Summit,</u> MO 64081 TITLE ■ Delete TITLE ☐ Change X Addition FRASER, DAN NAME Bill Howard STREET ADDRESS 1114 CLARKE AVE STREET ADDRESS 7314 Easy Street CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-7IP Columbus, GA 31904 🔀 Delete TITLE Addition JASPER, RICHARD NAME NAME Frances Wright STREET ADDRESS 3043 HAWKS LANDING DR STREET ADDRESS 5466 Armour Road CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Columbus, GA 31909 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

-17-03