


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90014 031 \*\*\*150.00

**DOCUMENT # N07000004407**

1. Entity Name  
**SUNSHINE SHORES OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5323 THOMAS DRIVE  
 PANAMA CITY BEACH, FL 32408**

Mailing Address  
**P.O. BOX 19708  
 PANAMA CITY BEACH, FL 32417**

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



02192008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2142011**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HEATON, EDWARD  
 5324 GULF DRIVE  
 PANAMA CITY BEACH, FL 32408**

**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, 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	GREINER, VINCE	
STREET ADDRESS	1075 PEACHTREE WALK A-121	
CITY-ST-ZIP	ATLANTA, GA 30309	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEATON, EDWARD	
STREET ADDRESS	5324 GULF DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLONIGER, FRANK	
STREET ADDRESS	5323 THOMAS DRIVE #28	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTOKAR, KENNETH	
STREET ADDRESS	2075 WENLOK TERRACE	
CITY-ST-ZIP	MARIETTA, GA 30066	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, VICKIE	
STREET ADDRESS	P.O. BOX 2262	
CITY-ST-ZIP	DALLAS, GA 30132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Edward P. Heaton* **Edward P. Heaton** *V.P.* **Date** *3/3/08* **Daytime Phone #** *850 230-1690*