

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004407

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SUNSHINE SHORES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5323 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19708  
PANAMA CITY BEACH, FL 32417

**New Mailing Address:**

FEI Number: 57-2142011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREINER, VINCE  
Address: 1075 PEACHTREE WALK A-121  
City-St-Zip: ATLANTA, GA 30309

Title: D ( ) Delete  
Name: HEATON, EDWARD  
Address: 5324 GULF DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete  
Name: CLONIGER, FRANK  
Address: 5323 THOMAS DRIVE #28  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D ( ) Delete  
Name: POTOKAR, KENNETH  
Address: 2075 WENLOK TERRACE  
City-St-Zip: MARIETTA, GA 30066

Title: D ( ) Delete  
Name: WILLIAMS, VICKIE  
Address: P.O. BOX 2262  
City-St-Zip: DALLAS, GA 30132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KEENE, AARON  
Address: 5323 THOMAS DRIVE #1A  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HEATON

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date