# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 08, 2008**
**Secretary of State**

DOCUMENT# N19467

**Entity Name:** SUKOSHI TOWNHOMES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

320 SUKOSHI DR.
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

320 SUKOSHI DR.
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number: 59-3205203** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHELMAN, ROBERT C
320 SUKOSHI DR
PANAMA CITY, FL 32404 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: CLAPPER, KIMBERLY
Address: 310 SUKOSHI DR
City-St-Zip: PANAMA CITY, FL 32404

Title: V ( ) Delete
Name: HILL, GREG
Address: 300 SUKOSHI DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: S ( ) Delete
Name: NIGRA, MICHAEL
Address: 314 SUKOSHI DR
City-St-Zip: PANAMA CITY, FL 32404

Title: T ( ) Delete
Name: SHELMAN, ROBERT
Address: 320 SUKOSHI DR.
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

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: ROBERT C SHELMAN T 04/08/2008

Electronic Signature of Signing Officer or Director — Date