

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:16

DOCUMENT # N94000004705 (9)

1. Corporation Name
SUN SEEKER OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
9612 BEACH BLVD 9612 BEACH BLVD
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/23/1994 3a. Date of Last Report

4. FEI Number 59-3320279 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 25 513 PRENTICE AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28 SARNIA, ONT
Zip Country Zip Country
24 25 29 N7V 2G3 30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH FL 32407

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WHITE, JOHN
STREET ADDRESS 24 CRABTREE AVE
CITY - ST - ZIP LONDON, ONTARIO NGG 2H7
TITLE VD
NAME WHITE, JIM
STREET ADDRESS 513 PRENTICE AVE
CITY - ST - ZIP SARNIA, ONTARIO N7V 2G3
TITLE STD
NAME SANDRIN, LUCIO
STREET ADDRESS 3335 RIVERSIDE DR
CITY - ST - ZIP PORT HURON MI 48060

11 TITLE PD Change Addition
12 NAME MASON, BAUCE
13 STREET ADDRESS 5 ROUTLEDGE ST. UNIT # 2
14 CITY - ST - ZIP HYDE PARK, ONTARIO N0M 1Z0
21 TITLE VD Change Addition
22 NAME MAAILY SANDRIN
23 STREET ADDRESS 918 DOACHESTER DR
24 CITY - ST - ZIP SARNIA ONT N7V 3A3
31 TITLE STD Change Addition
32 NAME WHITE, RITA
33 STREET ADDRESS 513 PRENTICE AVE
34 CITY - ST - ZIP SARNIA, ONTARIO N7V 2G3
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rita White

RITA WHITE

APRIL 16/95 519-244-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (typed) (Print #)