

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000004705 (9)

1. Corporation Name

SUN SEEKER OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9812 BEACH BLVD  
 PANAMA CITY BEACH FL 32408

513 PRENTICE AVE  
 SARNIA ON N7V 2G3  
 US

P.O. BOX 65, (H.B. SITE)  
 R.R. #2  
 FOREST, ONTARIO  
 NON IJO

3. Date Incorporated or Qualified

09/23/1994

4. FEI Number

59-3320279

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME MASON, BRUCE  
 STREET ADDRESS 5 ROUTLEDGE ST UNIT 2  
 CITY-ST-ZIP HYDE PARK ON

TITLE VD  DELETE

NAME SANDRIN, MARILYN  
 STREET ADDRESS 918 DORCHESTER DR  
 CITY-ST-ZIP SARNIA, ONTARIO N7V 2G3

TITLE STD  DELETE

NAME WHITE, RITA  
 STREET ADDRESS 513 PRENTICE AVE  
 CITY-ST-ZIP SARNIR ON

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS P.O. BOX 65, (H.B. SITE) RR#2

3.4 CITY-ST-ZIP FOREST, ON NON IJO

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, 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

July 13/98

59-786-4746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E037 (5/98)