

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90007 037 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000004705**

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

Principal Place of Business  
 9812 BEACH BLVD  
 PANAMA CITY BEACH FL 32408

Mailing Address  
 P O BOX 65/H B SITE  
 R R #2  
 FOREST ON NON1J  
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	PO BOX 43 (H.B. SITE) RR 2	09/23/1994
22	City & State	27. Forest ON	4. FEI Number
	Zip	City & State	59-3320279
23	Country	28. NON IJO CANADA	5. Certificate of Status Desired <input type="checkbox"/>
	Zip	29. Non IJO	\$8.75 Additional Fee Required
24	Country	30. CANADA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MASON, BRUCE	1.1 TITLE	PD
NAME	5 ROUTLEDGE ST UNIT 2	1.2 NAME	TIMOTHY M COY
STREET ADDRESS	HYDE PARK ON	1.3 STREET ADDRESS	P.O. BOX 2474
CITY-ST-ZIP		1.4 CITY-ST-ZIP	JASPAR, AL 35502
TITLE	VD SANDRIN, MARILYN	2.1 TITLE	
NAME	918 DORCHESTER DR	2.2 NAME	
STREET ADDRESS	SARNIA, ONTARIO N7V 2G3	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD WHITE, RITA	3.1 TITLE	
NAME	P O BOX 65/H B SITE R R #2	3.2 NAME	
STREET ADDRESS	FOREST ON NON1J	3.3 STREET ADDRESS	PO BOX 43/H B SITE/ RA#2, 6153 JANE ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FOREST ONT NON IJO
TITLE		4.1 TITLE	DKAMEN WHITE
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	47 GLENRIDGE CAES.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONDON, ON N7G 4W5
TITLE		5.1 TITLE	D LYNNE TANNER
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	46 HERON PTE. COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: RITA WHITE **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE: 07/05/99 DAYTIME PHONE #: 519 786-4746

CR2E037 (5/99)