

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90113 016 ****61.25

DOCUMENT # N94000004705

1. Entity Name

SUN SEEKER OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9612 BEACH BLVD
 PANAMA CITY BEACH FL 32408**

**PO BOX 43
 HBSITE RR2
 FOREST. ONTARIO. CANADA N0N1J**

00014133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3320279**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PD			<input type="checkbox"/>	
	MCCOY, TIMOTHY	PO BOX 2474	JASPER AL 35502		
	VD			<input type="checkbox"/>	
	SANDRIN, MARILYN	918 DORCHESTER DR	SARNIA, ONTARIO N7V 2G3		
	STD			<input type="checkbox"/>	
	WHITE, RITA	PO BOX 43/HB SITE RR #2	FOREST ON N0N1J		
	D			<input type="checkbox"/>	
	WHITE, KAREN	47 GLENRIDGE CRES	LONDON, ONT, CANADA N5G- 4W5		
	D			<input checked="" type="checkbox"/>	
	TANNER, LYNNE	46 HERON PTE COURT	DESTIN FL 32541		
				<input type="checkbox"/>	
	DIRECTOR			<input checked="" type="checkbox"/>	
	CHARLES WILLABY	714 W. LOCUST	STILWELL OK 32405		
	DIRECTOR			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	GARY PINSON	P.O. BOX 328	GREENBAIER TN 37073		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature **REGRATED WHITE STD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Jan. 16, 2001** *Daytime Phone #* **519-786-4746**

CR2E037 (10/00)