


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004705
 1. Entity Name
SUN SEEKER OWNERS' ASSOCIATION, INC.



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

Mailing Address
**PO BOX 43
 FOREST ONTARIO
 CANADA NON 1J0,**



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320279 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HESS, BRIAN D
 9108 FRONT BEACH RD
 PANAMA CITY BEACH, FL 32407**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOY, TIMOTHY PO BOX 2474 JASPER, AL 35502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANDRIN, MARILYN 918 DORCHESTER DR SARNIA, ONTARIO N7V 2G3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, RITA PO BOX 43/HB SITE RR #2 FOREST ONTARIO, CA n0n 1j0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, KAREN 47 GLENRIDGE CRES LONDON, ONT, CANADA, n5g 4w5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, JIM 1142 PAINT LICK RD BEREA, KY 40403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINSON, GARY P.O. BOX 328 GREENBRIER, TN 37073

DO NOT WRITE IN THIS SPACE

03/07/05-80078-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: R. White **R. WHITE** 03/04/05 519 786-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #