

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001910

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SUNSET BEACH/300 OCEAN MILE UTILITY COOPERATIVE, INC.

**Current Principal Place of Business:**

431 WAVERLY RD.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

1920 E. GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

431 WAVERLY RD.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328

FEI Number: 59-3576845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY RD.  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

COMMUNITY MANAGEMENT SERVICES, INC  
1914 SUNSET DR  
EASTPOINT, FL 32328 US

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: WAYNE M GLEASMAN

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GLEASMAN, WAYNE  
Address: P.O. BOX 876  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: D ( ) Delete  
Name: SPOHRER, HELEN  
Address: 140 W 1ST STREET SUITE D  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: STD ( ) Delete  
Name: ISAACS, DAN  
Address: 431 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: HORNE, RYAN  
Address: 1760 E. GULF BEACH DRIVE UNIT A5  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: DVP (X) Delete  
Name: MOORE, BILL  
Address: P.O. BOX 40089  
City-St-Zip: AUGUSTA, GA 30909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/T (X) Change ( ) Addition  
Name: GLEASMAN, WAYNE  
Address: P O BOX 876  
City-St-Zip: EASTPOINT, FL 32328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MOORE, BILL  
Address: P O BOX 40089  
City-St-Zip: AUGUSTA, GA 30909

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE M GLEASMAN

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date