

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004213

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** SHORES OF PANAMA RESORT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9900 S. THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

5908 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number:** 20-8304830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OASEAS LLC  
5908 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

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

SHIPMAN, GARY A  
1414 COUNTY HIGHWAY 283 SOUTH  
STE. B  
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: BRELAND, CHARLES K JR  
Address: PO BOX 7430  
City-St-Zip: SPANISH FORT, AL 36577

Title: SCTR ( ) Delete  
Name: TRICE, LARRY F  
Address: PO BOX 7430  
City-St-Zip: SPANISH FORT, AL 36577

Title: PRES ( ) Delete  
Name: CROSBY, GREG A  
Address: 225 STEEPLECHASE RUN  
City-St-Zip: WARNER ROBBINS, GA 31088

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

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

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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date