## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 767034** 

Entity Name: SUNSWEPT COMMUNITY ASSOCIATION, INC.

FILED Feb 03, 2022 Secretary of State 1277619131CC

## **Current Principal Place of Business:**

6829 THOMAS DRIVE PANAMA CITY, FL 32408

## **Current Mailing Address:**

P.O. BOX 9297

PANAMA CITY BEACH, FL 32417 US

FEI Number: 59-2477377 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DUNLAP AND SHIPMAN P.A. 2063 COUNTY HWY 395 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: DAVID MILAM 02/03/2022

Electronic Signature of Registered Agent

Officer/Director Detail :

Title P Title 1

NamePOHL, BRIANNameCHANDLER, ROSSAddress8910 MOORE RDAddress5710 NEASSIE STREET

City-State-Zip: COLUMBUS GA 31904 City-State-Zip: COLUMBUS GA 31909

Title DIRECTOR Title SECRETARY

Name HAWK, JD Name HARRISON, JAMES

Address 8110 CHAPEL LAKE DR Address 586 COUNTY ROAD 569

City-State-Zip: MIDLAND GA 31820 City-State-Zip: OZARK AL 36360

Title VP Title DIRECTOR

NamePOWELL, STEVENameLOCKHART, TONYAddress6217 KARREN CTAddress3301 WOODRIDGE

City-State-Zip: COLUMBUS GA 31909 City-State-Zip: FORTSON GA 31808

Title DIRECTOR

Name COLE, CLARK

Address 3 LIBBY COURT

City-State-Zip: COLUMBUS GA 31909

I hereby 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 all other like empowered.

SIGNATURE: BRIAN POHL PRESIDENT 02/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Date