2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2014
Secretary of State
CC2027720089

DOCUMENT# 767034

Entity Name: SUNSWEPT COMMUNITY ASSOCIATION, INC.

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:

MILAM, DAVID
1414 CO. HWY 283 SOUTH, SUITE 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	MALCOM, AL
Address	P.O. BOX 80636
City-State-Zip:	CONYERS GA 30013

Title	T
Name	WITHERS, SHIRLEY
Address	1816 SW LONGVIEW TERRACE
City-State-Zip:	LEE'S SUMMIT MO 64081

Title	S
Name	WRIGHT, FRANCES
Address	5466 ARMOUR RD
City-State-Zip:	COLUMBUS GA 31909

Title	D
Name	WRIGHT, ALLEN
Address	122 ENTERPRISE CT A
City-State-Zip:	COLUMBUS GA 31904

Title	DIRECTOR
Name	NEEL, NORA
Address	5204 HURST DR
City-State-Zip:	COLUMBUS GA 31904

Title	DIRECTOR
Name	WILLIS, AMY
Address	7575 EDGEWATER DR
City-State-Zip:	COLUMBUS GA 31904

Title	DIRECTOR
Name	LOKHART, TONY
Address	3301 WOODRIDGE
City-State-Zip:	FORTSON GA 31808

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: AL MALCOM PRESIDENT 02/06/2014

Electronic Signature of Signing Officer/Director Detail — Date