2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2025
Secretary of State
8120664222CC

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:

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 03/06/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	POHL, BRIAN
Address	8910 MOORE RD
City-State-Zip:	COLUMBUS GA 31904

Title	DIRECTOR
Name	FAUST, BRIAN
Address	6829 THOMAS DR 412
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	VP
Name	POWELL, STEVE
Address	6217 KARREN CT
City-State-Zip:	COLUMBUS GA 31909

Title	DIRECTOR
Name	COLE, CLARK
Address	3 LIBBY COURT
City-State-Zip:	COLUMBUS GA 31909

Title	T
Name	CHANDLER, ROSS
Address	5710 NEASSIE STREET
City-State-Zip:	COLUMBUS GA 31909

Title	SECRETARY
Name	HARRISON, JAMES
Address	586 COUNTY ROAD 569
City-State-Zip:	OZARK AL 36360

Title	DIRECTOR
Name	LOCKHART, 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: BRIAN POHL PRESIDENT 03/06/2025

Electronic Signature of Signing Officer/Director Detail — Date