

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 POHL, BRIAN
Address 8910 MOORE RD
City-State-Zip: COLUMBUS GA 31904Title DIRECTOR
Name HAWK, JD
Address 8110 CHAPEL LAKE DR
City-State-Zip: MIDLAND GA 31820Title VP
Name POWELL, STEVE
Address 6217 KARREN CT
City-State-Zip: COLUMBUS GA 31909Title DIRECTOR
Name COLE, CLARK
Address 3 LIBBY COURT
City-State-Zip: COLUMBUS GA 31909Title T
Name CHANDLER, ROSS
Address 5710 NEASSIE STREET
City-State-Zip: COLUMBUS GA 31909Title SECRETARY
Name HARRISON, JAMES
Address 586 COUNTY ROAD 569
City-State-Zip: OZARK AL 36360Title 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: BRIAN POHL**PRESIDENT****02/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date