

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 753334 (2)**

1. Corporation Name  
**SUNSHINE SHORES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
5323 THOMAS DR. PANAMA CITY BCH. FL 32408 US  
223 S. CRAWFORD STREET P.O. BOX 3088 THOMASVILLE GA 31799-3088

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1980** 3a. Date of Last Report **04/11/1994**  
4. FEI Number **59-2142011** Applied For Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**HALL, JOSEPH A.  
5323 THOMAS DR %SUNSHINE SHORES CONDOMINIUM  
PANAMA CITY BEACH FL**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAVY, HERBEET A. JR.	1.2 NAME	
STREET ADDRESS	1003 BETHEL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITHONIA, GA. 0	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, JOHN	2.2 NAME	
STREET ADDRESS	5323 THOMAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTIN, WILLIAM G.	3.2 NAME	
STREET ADDRESS	408 OPPEST RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP	
TITLE	<del>V</del>	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MERCER, RONALD</del>	4.2 NAME	Bessie Lewinson
STREET ADDRESS	<del>1650 HONEY CREEK ROAD</del>	4.3 STREET ADDRESS	69 Seminole Way
CITY-ST-ZIP	<del>CONVERS GA</del>	4.4 CITY-ST-ZIP	Rochester, NY 14618
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMLEY, BEN	5.2 NAME	
STREET ADDRESS	200 WEST CARR ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLQUITT GA	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, MILDRED	6.2 NAME	
STREET ADDRESS	8181 EAST BAY ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOLCOTT NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MILDRED M. BELL *Mildred M. Bell* (Print) - 7-95-904-234-2880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Time) (Date)