

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753334 (2)
 1. Corporation Name
SUNSHINE SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5323 THOMAS DR. PANAMA CITY BCH. FL 32408 US	Mailing Address 223 S. CRAWFORD STREET P.O. BOX 3088 THOMASVILLE GA 31799-3088
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/15/1980	3a. Date of Last Report 03/15/1995
21	26	4. FEI Number 59-2142011	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALL, JOSEPH A. 5323 THOMAS DR %SUNSHINE SHORES CONDOMINIUM PANAMA CITY BEACH FL	10. Name and Address of New Registered Agent 81 Name Jerri Prickett Bryant 82 Street Address (P.O. Box Number is Not Acceptable) 129 Turtle Creek Drive 83 84 City Santa Rosa Beach FL 85 Zip Code 32459
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* *Jerri Prickett Bryant* **08.07.96**
 Signature, type or print name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEAVY, HERBEET A. JR.	1.2 NAME	Daniel Brown
STREET ADDRESS	1003 BETHEL RD.	1.3 STREET ADDRESS	417 Frank Satterfield Rd.
CITY-ST-ZIP	LITHONIA, GA. 0	1.4 CITY-ST-ZIP	Perry, GA 31069
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYS, JOHN	2.2 NAME	Jerri Bryant 129 Turtle Creek Drive
STREET ADDRESS	5323 THOMAS DRIVE	2.3 STREET ADDRESS	125 Prickett Trail Santa Rosa Beach FL
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Jacksonville, AL 36279-32459
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNTIN, WILLIAM G.	3.2 NAME	James Hook
STREET ADDRESS	408 OPPEST RD.	3.3 STREET ADDRESS	P. O. Box 124
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP	Mount Pocono, PA 18344
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWINSON, BESSIE	4.2 NAME	James Irwin
STREET ADDRESS	89 SEMINOLE WAY	4.3 STREET ADDRESS	25 Bullocks Pt. Ave., #1-C
CITY-ST-ZIP	ROCHESTER NY	4.4 CITY-ST-ZIP	Riverside, RI 02915-5327
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMLEY, BEN	5.2 NAME	Sec/Tres.
STREET ADDRESS	200 WEST CARR ST.	5.3 STREET ADDRESS	25 Bullocks Pt. Ave., #1-C
CITY-ST-ZIP	COLQUITT GA	5.4 CITY-ST-ZIP	Riverside, RI 02915-5327
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, MILDRED	6.2 NAME	Norma Keough
STREET ADDRESS	8161 EAST BAY ROAD	6.3 STREET ADDRESS	7 Droy Circle
CITY-ST-ZIP	WOLCOTT NY	6.4 CITY-ST-ZIP	Easthampton, MA 01027

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 119.07(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: *[Signature]* **7-22-96** (912) 987-9987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E037 (3/96)