

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 CA 31789-3088
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/15/1980	3a. Date of Last Report 08/14/1996
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 59-2142011	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRYANT, JERRI PRICKETT
1289 TURTLE CREEK DRIVE
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent
 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME BROWN, DANIEL	
STREET ADDRESS 417 FRANK SATTERFIELD RD.	
CITY-ST-ZIP PERRY GA	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME BRYANT JERRI	
STREET ADDRESS 129 TURTLE CREEK DRIVE	
CITY-ST-ZIP SANTA ROSA BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HOOK, JAMES	
STREET ADDRESS P.O. BOX 124 N/A	
CITY-ST-ZIP MOUNT POCONO PA	
TITLE D	<input type="checkbox"/> DELETE
NAME IRWIN, JAMES	
STREET ADDRESS 25 BULLOCKS PT. AVE. #1-C	
CITY-ST-ZIP RIVERSIDE RI	
TITLE ST	<input type="checkbox"/> DELETE
NAME COSTA, MARGARET	
STREET ADDRESS 25 BULLOCKS PT. AVE., #1-C	
CITY-ST-ZIP RIVERSIDE RI	
TITLE S. VP	<input type="checkbox"/> DELETE
NAME KEOUGH, NORMA	
STREET ADDRESS 7 DROY CIRCLE	
CITY-ST-ZIP EAST HAMPTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME CHERYL MCLEOD	
1.3 STREET ADDRESS 3523 THOMAS DR # A-1	
1.4 CITY-ST-ZIP PANAMA CITY BCH, FL 32408	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MILLIE BELL	
2.3 STREET ADDRESS 5323 THOMAS DR #16	
2.4 CITY-ST-ZIP PANAMA CITY BCH, FL	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Bees Lewinson	
3.3 STREET ADDRESS 84 Seminole Way	
3.4 CITY-ST-ZIP Rochester, NY	
4.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME IRWIN, JAMES	
4.3 STREET ADDRESS 23 WEST SHORE DR	
4.4 CITY-ST-ZIP Exeter, RI 02822	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME William Johnson	
5.3 STREET ADDRESS 3500 18th Ave	
5.4 CITY-ST-ZIP PHENIX CITY, AL	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED WITH COPY TO BE FILED WITH SECRETARY OF STATE

CR2E037 (4/97)