

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
--	--

3. Date Incorporated or Qualified 07/15/1980
4. FEI Number 59-2142011
Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MCLEOD, CHERYL
STREET ADDRESS	2523 THOMAS DR., #A-1
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, MILLIE
STREET ADDRESS	5323 THOMAS DR #16
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWINSON, BESS
STREET ADDRESS	89 SEMINOLE WAY
CITY-ST-ZIP	ROCHESTER NY
TITLE	P <input type="checkbox"/> DELETE
NAME	IRWIN, JAMES
STREET ADDRESS	23 W SHORE DR
CITY-ST-ZIP	EXETER RI
TITLE	ST <input type="checkbox"/> DELETE
NAME	COSTA, MARGARET
STREET ADDRESS	25 BULLOCKS PT. AVE., #1-C
CITY-ST-ZIP	RIVERSIDE RI
TITLE	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Cheryl McLeod* *slavov* *856-2241-2212*

CR2E087 (10/97)