

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753334

1. Entity 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 CA 91799-3088

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, JERRI PRICKETT  
1289 TURTLE CREEK DRIVE  
SANTA ROSA BEACH FL 32459

Name JAMES E IRWIN

Street Address (P.O. Box Number is Not Acceptable)

5323 THOMAS DRIVE UNIT 31

City PANAMA CITY BEACH FL

Zip Code 32408

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME MCLEOD, CHERYL  
STREET ADDRESS 2523 THOMAS DR., #A-1  
CITY-ST-ZIP PANAMA CITY BEACH FL

☒ Delete

TITLE D  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 3500 13TH AVE  
CITY-ST-ZIP PHENIX CITY, AL 36867

☐ Change

☒ Addition

TITLE D  
NAME BELL, MILLIE  
STREET ADDRESS 5323 THOMAS DR #16  
CITY-ST-ZIP PANAMA CITY BEACH FL

☒ Delete

TITLE D  
NAME TODD, MARGIE CHAMPION  
STREET ADDRESS ATE 2 BOX 68  
CITY-ST-ZIP ROCKFORD, AL 35136

☐ Change

☒ Addition

TITLE D  
NAME LEWINSON, BESS  
STREET ADDRESS 89 SEMINOLE WAY  
CITY-ST-ZIP ROCHESTER NY

☒ Delete

TITLE VP  
NAME DIRECT PAUL DAVID  
STREET ADDRESS 5323 THOMAS DR. UNIT 1  
CITY-ST-ZIP PANAMA CITY BEACH FL 32408-6736

☐ Change

☒ Addition

TITLE P  
NAME IRWIN, JAMES  
STREET ADDRESS 23 W SHORE DR  
CITY-ST-ZIP EXETER RI

☐ Delete

TITLE D  
NAME KEOUGH, NORMA  
STREET ADDRESS 5323 THOMAS DRIVE UNIT 28  
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

☒ Change

☒ Addition

TITLE ST  
NAME COSTA, MARGARET  
STREET ADDRESS 25 BULLOCKS PT. AVE., #1-C  
CITY-ST-ZIP RIVERSIDE RI

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VP  
NAME KEOUGH, NORMA  
STREET ADDRESS 7 DROY CIRCLE  
CITY-ST-ZIP EAST HAMPTON MA

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)