

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-16-2004 90009 016 ****61.25

DOCUMENT # 753334

1. Entity Name
SUNSHINE SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5323 THOMAS DR.
PANAMA CITY BCH., FL 32408 US**

Mailing Address
**5323 THOMAS DR.
PANAMA CITY BCH., FL 32408 US**

00401401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2142011

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADAMS, MARCIA
5323 THOMAS DR UNIT 26
PANAMA CITY BEACH, FL 32408**

Name

John Stahlman

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

6208 CAPE COD DR

5323 THOMAS DR #15

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

[Signature]

7-11-04 8-02-04

Signature, type or printed name of registered agent and fee collector.

NOTE: Registered Agent signature required when certifying.

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MARICA	
STREET ADDRESS	5323 THOMAS DR. #26	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, JAMES	
STREET ADDRESS	5323 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAHLMAN, JOHN	
STREET ADDRESS	6208 CAPE COD DR.	
CITY-ST-ZIP	COLUMBUS, GA 31904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, MILLIE	
STREET ADDRESS	8623 N. LAGOON DRIVE, APT. B-1	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAM, GEORGE	
STREET ADDRESS	5323 THOMAS DR. #27	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PIRET, PAUL	
STREET ADDRESS	5323 THOMAS DR. #1	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Stahlman	
STREET ADDRESS	6208 CAPE COD DR	
CITY-ST-ZIP	COLUMBUS, GA 31904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCE GREINER	
STREET ADDRESS	2849 ARANDALE	
CITY-ST-ZIP	LAWRENCEVILLE, GA 30044	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BESS LEWINSON	
STREET ADDRESS	89 SEMINOLE WAY	
CITY-ST-ZIP	ROCHESTER, NY 14618-1345	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-04 770-445-946

DATE

[Signature]

8-02-04 (706)322-2427

Sunshine Shores Condominium Association
5323 Thomas Drive
Panama City Beach, Florida 32408

PHONE: (706) 322-2427
FAX: (706) 322-6606
E-Mail: chemoff@knology.net

August 2, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

I am in receipt of your letter, dated July 20, 2004, which indicates that we incorrectly filed our report to you. (Attached)

As President of the Association, I have crossed out Ms. Adams' signature and signed/dated the document as required. I hope this suffices. (Attached)

Thank you for your kind attention.

Sincerely,

John Stahl

John Stahlman
President

Attachments

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ΠΡΟΕΔΡΟΣ ΚΑΙ ΜΕΛΗ ΤΗΣ ΕΚΤΑΣΤΗΣ

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