

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90135 005 \*\*\*\*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. #26  
PANAMA CITY BCH. FL 32408  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

KEENE, AARON L  
5323 THOMAS DR UNIT 31  
PANAMA CITY BEACH FL 32408

Name

**MARCIA ADAMS**

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

**5323 THOMAS DR #26**

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

*Marcia Adams*

**4-11-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TODD, MARGIE</b> <b>ROUTE 2 BOX 68A</b> <b>ROCKFORD AL 35136</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>IRWIN, JAMES</b> <b>5323 THOMAS DRIVE</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, CARL WILLIAM</b> <b>3500 13TH AVENUE</b> <b>PHENIX CITY AL 36867</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELL, MILLIE</b> <b>8623 N. LAGOON DRIVE, APT. B-1</b> <b>PANAMA CITY BEACH FL 32408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEENE, AARON L</b> <b>5323 THOMAS DRIVE, #1A</b> <b>PANAMA CITY BEACH FL 32408</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KEENE, EMILY E</b> <b>5323 THOMAS DRIVE, #1A</b> <b>PANAMA CITY BEACH FL 32408</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARCIA ADAMS</b> <b>5323 THOMAS DR #26</b> <b>PANAMA CITY Bch FLA 32408</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN STAHLMAN</b> <b>6208 CAPE COD DR</b> <b>COLUMBUS, GA 31904</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEORGE BEAM</b> <b>5323 THOMAS DR #27</b> <b>PANAMA CITY Bch, FLA 32408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PAUL PIRET</b> <b>5323 THOMAS DR #1</b> <b>PANAMA CITY Bch, FLA 32408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Marcia Adams* REMARCIA ADAMS PRESIDENT 4-11-03 970-445-9465

CR2E037 (10/02)