

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767034

FILED
Feb 15, 2012
Secretary of State

Entity Name: SUNSWEPT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6829 THOMAS DRIVE
PANAMA CITY, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9297
PANAMA CITY BEACH, FL 32417 US

New Mailing Address:

FEI Number: 59-2477377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILAM, DAVID
1414 CO. HWY 283 SOUTH, SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALCOM, AL
Address: P.O. BOX 80636
City-St-Zip: CONYERS, GA 30013

Title: T
Name: WITHERS, SHIRLEY
Address: 1816 SW LONGVIEW TERRACE
City-St-Zip: LEE'S SUMMIT, MO 64081

Title: D
Name: SLUSSER, DAVID
Address: 6829 THOMAS DRIVE UNIT 102
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S
Name: WRIGHT, FRANCES
Address: 5466 ARMOUR RD
City-St-Zip: COLUMBUS, GA 31909

Title: D
Name: HOWARD, BILL
Address: P O BOX 303
City-St-Zip: WARM SPRINGS, GA 21830

Title: D
Name: WRIGHT, ALLEN
Address: 122 ENTERPRISE CT A
City-St-Zip: COLUMBUS, GA 31904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AL MALCOM

P

02/15/2012

Electronic Signature of Signing Officer or Director

Date