

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01810**

1. Entity Name  
**SUN HARBOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5505 SUN HARBOR RD  
125  
PANAMA CITY, FL 32401**

Mailing Address

**5505 SUN HARBOR RD  
125  
PANAMA CITY, FL 32401 US**



02072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2484876**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GILLEY, SHEILA K  
5505 SUN HARBOR RD #125  
PO BOX 1344 YOUNGSTOWN  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/23/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CARR, JOHN S  
STREET ADDRESS 5505 SUN HARBOR RD  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME JUST, JEANNIE  
STREET ADDRESS 411 ROWE DR  
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE D  
NAME ROBINSON, WILLIAM R  
STREET ADDRESS 2168 JOE BRUER RD  
CITY-ST-ZIP DALEVILLE, AL 36322

TITLE T  
NAME MADDOX, LEE  
STREET ADDRESS 1005 CLEAMONT DR  
CITY-ST-ZIP DOTHAN, AL 36301

TITLE D  
NAME PATE, JAY  
STREET ADDRESS 3203 MOCKINGBIRD LANE  
CITY-ST-ZIP DOTHAN, AL 36303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000933429  
05/22/08-80096-001 8.75

U00000933429  
05/22/08-80096-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John S Carr President*

*4/23/08 850522-9994*