


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90134 030 \*\*\*\*61.25

<b>DOCUMENT # N02000008882</b>	
1. Entity Name <b>SUNSET VILLAS II HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>515 EVERGREEN ST. UNIT A PANAMA CITY BEACH, FL 32407</b>	Mailing Address <b>204 PEBBLE CREEK LANE ENTERPRISE, AL 36330</b>
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**50006721**



2. Principal Place of Business <b>22412 Front Beach Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>65 Deer Run Lane</b> Suite, Apt. #, etc.
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02182006 Chg-NP CR2E037 (11/05)

City & State <b>Panama City Beach, FL</b>	City & State <b>McDonough, GA</b>
Zip <b>32413</b>	Zip <b>30252</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number  
**54-2085399**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>KEHL, BRIAN J 515 EVERGREEN ST. UNIT A PANAMA CITY BEACH, FL 32407</b>	
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7. Name and Address of New Registered Agent Name <b>Andy Mason</b> Street Address (P.O. Box Number is Not Acceptable) <b>114 Lee Ward Way</b> City <b>Panama City Beach FL</b> Zip Code <b>32413</b>	
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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]* DATE 03-04-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEHL, BRIAN J 515-A EVERGREEN ST. PANAMA CITY BEACH, FL 32407</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DARROW, KEITH R 204 PEBBLE CREEK LANE ENTERPRISE, AL 36330</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MASON, JEFFREY 251 LULAVILLE ROAD FITZGERALD, GA 31750</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BAILEY, TANSZY 65 DEER RUN LANE MCDONOUGH, GA 30252</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KEHL, BRIAN J 515-A EVERGREEN ST. PANAMA CITY BEACH, FL 32407</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DARROW, SHERYL L 204 PEBBLE CREEK LANE ENTERPRISE, AL 36330</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Frank Bailey 65 Deer Run Lane McDonough, GA 30252</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Andy Mason 114 Lee Ward Way Panama City Beach, FL 32413</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Sheryl L. Darrow 5mer04 334-393-7193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #