

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90121 046 ****70.00

DOCUMENT # N16712

1. Entity Name

SUN BAY OWNERS ASSOCIATION, INC.



Principal Place of Business

6093 EAST HIGHWAY 98
PANAMA CITY FL 32404

Mailing Address

6093 EAST HIGHWAY 98
PANAMA CITY FL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3384172

Applied For

Not Applicable

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

~~KIMBREL, SAMUEL K~~
~~6073 E HIGHWAY 98~~
~~PANAMA CITY FL 32404~~

Name

HOLLYE HOLLOWAY

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

6087 E. Hwy 98

City

PANAMA CITY

FL

Zip Code

32404

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

Hollye Holloway

HOLLYE HOLLOWAY

5/19/05

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
Due By May 1, 2005

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/D ☒ Delete
NAME KIMBREL, SAMUEL K
STREET ADDRESS 6073 E HIGHWAY 98
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE P/D ☒ Change ☐ Addition
NAME HOLLYE HOLLOWAY
STREET ADDRESS 6087 E. Hwy 98
CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE V/D ☒ Delete
NAME HOLLOWAY, HOLLYE
STREET ADDRESS 6087 E. HWY. 98
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE V/D ☒ Change ☐ Addition
NAME SHARLET JACKS, SHARLEY
STREET ADDRESS 6089 E. Hwy 98
CITY-ST-ZIP Panama City, FL 32404

TITLE TD ☐ Delete
NAME PORTER, BRIAN
STREET ADDRESS 1313 N. BAY DR
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Hollye Holloway HOLLYE HOLLOWAY

5/19/05

(850) 784-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #