

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16712

FILED
Apr 22, 2007
Secretary of State

Entity Name: SUN BAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6093 EAST HIGHWAY 98
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6093 EAST HIGHWAY 98
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 59-3384172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWAY, HOLLYE
6087 E HWY 98
PANAMA CITY, FL 32404 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/D () Delete
Name: HOLLOWAY, HOLLYE
Address: 6087 E HWY 98
City-St-Zip: PANAMA CITY, FL 32404

Title: V/D () Delete
Name: HOLLOWAY, HOLLYE
Address: 6087 E. HWY. 98
City-St-Zip: PANAMA CITY, FL 32404

Title: TD () Delete
Name: PORTER, BRIAN
Address: 1313 N. BAY DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: JACKS, SHIRLEY
Address: 6089 E HWY 98
City-St-Zip: PANAMA CITY, FL 32404

Title: TD () Delete
Name: RHEA, HAL
Address: 605 W 3RD ST
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HAL RHEA

TREA

04/22/2007

Electronic Signature of Signing Officer or Director

Date