

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 038 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/07)

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

HOLLOWAY, HOLLYE
6087 E HWY 98
PANAMA CITY FL 32404

Name

Keith N. Lacroix

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

6091 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

[Signature]

Keith N. Lacroix

25 APR 08

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 HOLLOWAY, HOLLYE
STREET ADDRESS 6087 E HWY 98
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE P/D ☐ Change ☒ Addition
NAME Lacroix, Keith
STREET ADDRESS 6091 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 Jacks, Shirley
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 TD ☐ Change ☒ Addition
NAME Hoflund, Glenn
STREET ADDRESS 5001 N. Lakewood Drive
CITY-ST-ZIP Panama City FL 32404

TITLE VD ☒ Delete
NAME JACKS, SHIRLEY
STREET ADDRESS 6089 E HWY 98
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE S/D ☐ Change ☒ Addition
NAME Carol Price
STREET ADDRESS 6055 E. Hwy. 98
CITY-ST-ZIP Panama City FL 32404

TITLE TD ☒ Delete
NAME RHEA, HAL
STREET ADDRESS 605 W 3RD ST
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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 my address, if I am otherwise like empowered.

SIGNATURE:

[Signature] T.D. Glenn W. Hoflund 25 APRIL 08 (850) 819-4226