


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90200 045 ****70.00

DOCUMENT # N19467			
1. Entity Name SUKOSHI TOWNHOMES OWNERS' ASSOCIATION, INC.			
Principal Place of Business 302 SUKOSHI DR. PANAMA CITY FL 32404		Mailing Address 302 SUKOSHI DR. PANAMA CITY FL 32404	
2. Principal Place of Business - No P.O. Box # 320 Sukoshi Dr.		3. Mailing Address 320 Sukoshi Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32404	Country USA	Zip 32404	Country USA
6. Name and Address of Current Registered Agent SLOAN, TIMOTHY J 427 MC KENZIE PARKWAY PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name ROBERT C SHELMAN (TREASURER) Street Address (P.O. Box Number is Not Acceptable) 320 SUKOSHI DR 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 ROBERT C SHELMAN <i>Robert C Shelman</i> 04/18/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			

1st MOORE CR2E037 (10/06)



4. FEI Number 59-3205203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD GAJUS, CARL 302 SUKOSHI DR. PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kimberly Clapper 310 Sukoshi Dr. Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREY, MARIANA 302 SUKOSHI DR. PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Greg Hill 300 Sukoshi Dr. Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Nigro 314 Sukoshi Dr. Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Shelman 320 Sukoshi Dr. Panama City, FL 32404	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 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 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: *Robert C Shelman* **03/13/2007** **850-874-0462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #