

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004705

1. Entity Name
SUN SEEKER OWNERS' ASSOCIATION, INC.



Principal Place of Business
**9812 BEACH BLVD
PANAMA CITY BEACH, FL 32408**

Mailing Address
**PO BOX 43
FOREST ONTARIO
CANADA N0N 1J0,**



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3320279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCOY, TIMOTHY
STREET ADDRESS	PO BOX 2474
CITY-ST-ZIP	JASPER, AL 35502
TITLE	VD
NAME	SANDRIN, MARILYN
STREET ADDRESS	918 DORCHESTER DR
CITY-ST-ZIP	SARNIA, ONTARIO N7V 2G3,
TITLE	STD
NAME	WHITE, RITA
STREET ADDRESS	PO BOX 43/HB SITE RR #2
CITY-ST-ZIP	FOREST ONTARIO, CA n0n 1j0
TITLE	D
NAME	WHITE, KAREN
STREET ADDRESS	47 GLENRIDGE CRES
CITY-ST-ZIP	LONDON, ONT, CANADA, n5g 4w5
TITLE	D
NAME	BOWMAN, JIM
STREET ADDRESS	1142 PAINT LICK RD
CITY-ST-ZIP	BEREA, KY 40403
TITLE	D
NAME	PINSON, GARY
STREET ADDRESS	P.O. BOX 328
CITY-ST-ZIP	GREENBRIER, TN 37073

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

R. WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/05
Date

519 786-4746
Daytime Phone #