

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2004  
Secretary of State**

DOCUMENT# N03000007395

Entity Name: SUNSET POINTE AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 98  
PORT ST JOE, FL 32457

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 98  
PORT ST JOE, FL 32457

**New Mailing Address:**

FEI Number: 20-0970807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSTIN, CHARLES A  
413 WILLIAMS AVE  
PORT ST JOE, FL 32456      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      ( ) Delete  
Name: COSTIN, MARGARET M  
Address: PO BOX 98  
City-St-Zip: PORT ST JOE, FL 32457

Title: VS      ( ) Delete  
Name: COSTIN, CHARLES A  
Address: PO BOX 98  
City-St-Zip: PORT ST JOE, FL 32457

Title: T      ( ) Delete  
Name: SHOAF, STUART L  
Address: PO BOX 772  
City-St-Zip: PORT ST JOE, FL 32457

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: COSTIN, CHARLES A  
Address: PO BOX 98  
City-St-Zip: PORT ST JOE, FL 32457

Title: VS      (X) Change ( ) Addition  
Name: SHOAF, MARGARET R  
Address: PO BOX 772  
City-St-Zip: PORT ST JOE, FL 32457

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 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 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: CHARLES COSTIN

P

04/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date