

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 12, 2005
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, CHARLES A
Address: PO BOX 98
City-St-Zip: PORT ST JOE, FL 32457

Title: VS () Delete
Name: SHOAF, MARGARET R
Address: PO BOX 772
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: ANDERSON, ANNE
Address: 5540 CAPE SAN BLAS RD.
City-St-Zip: PORT ST JOE, FL 32456

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

04/12/2005

Electronic Signature of Signing Officer or Director

_____ Date