

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007395

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

C/O BURG MANAGEMENT COMPANY, INC
2827 JOAN AVE, SUITE B
PANAMA CITY BEACH, FL 32408

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: FULMER, PRESTON
Address: 20 MAGNOLIA DRIVE
City-St-Zip: NEWMAN, GA 30263

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

Title: T () Delete
Name: PIERCE, CHRIS
Address: 837 HOLLY SPRINGS DRIVE
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FORD, ELAINE
Address: 2021 CANTIGNY WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: S (X) Change () Addition
Name: SHOAF, STUART L
Address: 1902 MONUMENT AVE.
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 exemption stated in Chapter 119, 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: BARBARA A. BURG

CAM

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date