

FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N03000007395

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

**Secretary of State
CC6636581629**

Current Principal Place of Business:

2827 JOAN AVE
SUITE B
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

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

FEI Number: 20-0970807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOE, FL 32456 US

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

Officer/Director Detail :

Title DP
Name COSTIN, CHARLES A
Address PO BOX 98
City-State-Zip: PORT ST JOE FL 32457

Title DVP
Name SHOAF, STUART
Address 1902 MONUMENT AVE.
City-State-Zip: PORT ST JOE FL 32453

Title DST
Name FREY, SHAWN L
Address 107 HEMMINGWAY CIRCLE
City-State-Zip: PORT ST. JOE FL 32457

I hereby 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 all other like empowered.

SIGNATURE:

Electronic Signature of Signing Officer/Director Detail

Date