

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007395

**FILED  
Mar 20, 2018  
Secretary of State  
CC7509538284**

**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

**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 SHEVLIN, WILLIAM  
Address 436 PAGE AVE.  
City-State-Zip: ATLANTA GA 30307

Title DVP  
Name KASPER, ROBERT M  
Address 212 NEWPORT DRIVE.  
City-State-Zip: PEACHTREE GA 30269

Title DS  
Name FREY, SHAWN LEE  
Address 107 HEMMINGWAY CIRCLE  
City-State-Zip: PORT ST JOE FL 32457

Title DIRECTOR, TREASURER  
Name HILLEY, CAROLYN E  
Address 119 SAPODILLA LANE  
City-State-Zip: PORT ST JOE FL 32457

Title DIRECTOR  
Name PATTON, LINDA  
Address 1615 SUMMIT DRIVE  
UNIT 16  
City-State-Zip: COLUMBUS GA 31906

*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: WILLIAM SHEVLIN**

**PRESIDENT**

**03/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date