

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007395

FILED
Apr 05, 2016
Secretary of State
CC5183155750

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

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

Title DS
Name KELLETT, BOYD A
Address 417 SW 134 TERRACE
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR, TREASURER
Name KASPER, ROBERT M
Address 212 NEWPORT DRIVE
City-State-Zip: PEACHTREE CITY GA 30269

Title DIRECTOR
Name PATTON, LINDA
Address 1601 SUMMIT DRIVE
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: SHAWN LEE FREY

**ASSOCIATION
PRESIDENT**

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date