

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007395

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

**FILED**  
**Apr 05, 2021**  
**Secretary of State**  
**1532146433CC**

**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           DIRECTOR, VP  
Name           BISOGLIO, GEORGE  
Address        110 W SEASCAPE DR  
City-State-Zip: PORT ST JOE FL 32456

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

Title           D  
Name           SHACKELTON, RICHARD  
Address        10 S 311 O'NEILL DR  
City-State-Zip: BURR RIDGE IL 60527

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

Title           D, SECRETARY  
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: ROBERT KASPER**

**PRESIDENT**

**04/05/2021**

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

\_\_\_\_\_  
Date