

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90032 028 ****61.25

DOCUMENT # N00000002638

1. Entity Name

SUNSET COTTAGES OWNERS ASSOCIATION, INC.

Principal Place of Business

1114 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32548

Mailing Address

1114 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORSENTINO, CHARLES A
BEACON RESORT MANAGEMENT INC.
1114 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME REINERT, GUY D ☐ Delete
STREET ADDRESS 1645 GRANDVIEW DRIVE
CITY-ST-ZIP HEBRON KY 41048

TITLE D
NAME REINERT, LEISA ☐ Delete
STREET ADDRESS 1645 GRANDVIEW DRIVE
CITY-ST-ZIP HEBRON KY 41048

TITLE D
NAME LANZ, WILLIAM ☒ Delete
STREET ADDRESS 1991 DEVIMOR COURT #7C
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SIMPSON, JAMES ☐ Change ☒ Addition
STREET ADDRESS 624 B PELICAN DR
CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES SIMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APRIL 2002 (850) 301-3547

CR2E037 (9/01)