

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90039 012 ****61.25

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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

24018903



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3652699

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SIMPSON, JAMES ☐ Delete
STREET ADDRESS 624 B PELICAN DR
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE T
NAME CHOPLIN, JEFF ☐ Delete
STREET ADDRESS 178 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE D ☒ Delete
NAME LINE, WILLIAM
STREET ADDRESS 1991 DEVMORE CT #C
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D ☐ Change ☒ Addition
NAME JAMES CARLINO
STREET ADDRESS 175 BATTERY FL, NE
CITY-ST-ZIP ATLANTA, GA 30307

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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, PRESIDENT 3/6/4

(850) 301-3547