

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90059 029 ****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**

50032873



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022005 Chg-NP CR2E037 (10/03)

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
KIM LANG

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

City
DESTIN

FL Zip Code
32541

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 *Kim V. Lang* Treasurer

3/28/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE PRESIDENT ☒ Change ☐ Addition
NAME RON SERENO
STREET ADDRESS 46671 CLAXTON DR.
CITY-ST-ZIP BELLEVILLE, MI 48111

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

TITLE 1ST VICE PRESIDENT ☐ Change ☒ Addition
NAME MARK McCLELLAND
STREET ADDRESS 1260 AUTUMN RIDGE RD
CITY-ST-ZIP MONTGOMERY AL 36117

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

TITLE 2ND VICE PRESIDENT ☐ Change ☒ Addition
NAME TRUDY PHILLIPS
STREET ADDRESS 8440 LANEWOOD CIRCLE
CITY-ST-ZIP LEEDS, AL 35094

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition
NAME KIM LANG
STREET ADDRESS 806 PINE STREET
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☐ Addition
NAME JEFF CHOPLIN
STREET ADDRESS 1997 DEVNOR COURT #4B
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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: *Kim V. Lang* Treasurer 3/28/05 850-269-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #