2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002638

FILED Apr 09, 2009 Secretary of State

Entity Name: SUNSET COTTAGES OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1114 SANTA ROSA BLVD. FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** PO BOX 8057 FORT WALTON BEACH, FL 32548 FEI Number: 59-3652699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RDF ASSOCIATES, INC LANG, KIM 806 PINE ST 29C MIRACLE STRÎP PARKWAY SE DESTIN, FL 32541 US FORT WALTON BEACH, FL 32548 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: ANDREA MCDERMOTT 04/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCLELLAND, MARC Name: Name: 126 ROYAL TROON Address: Address: City-St-Zip: CIBOLO, TX 78108 City-St-Zip: Title: () Delete Title: (X) Change () Addition ALEXANDER, PENNY Name: CHOPLIN, JEFF Name: Address: 207 BLACK DR Address: 1997 DEVMOR COURT, # 4B City-St-Zip: ST. PETERS, MO 63376 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Delete Title: (X) Change () Addition PHILLIPS, TRUDY CARLINO, JAMES Name: Name: 8440 LANEWOOD CIR 7137 WESTMORELAND DR. Address: Address: City-St-Zip: LEEDS, AL 35094 City-St-Zip: SARASOTA, FL 34243 () Delete Title: **TRES** Title: (X) Change () Addition Name: LANG, KIM Name: RITTER, DAVID Address: 806 PINE ST Address: 1997 DEVMOR CT #2C City-St-Zip: DESTIN, FL 32541 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: (X) Delete Title: () Change () Addition RITTER, DAVID Name: Name: 1997 DEVMOR CT #2C Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANDREA MCDERMOTT MGR 04/09/2009

FORT WALTON BEACH, FL 32548

City-St-Zip: