

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

5/

05-02-2003 90357 018 ****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**

55046274



☐ CHECK HERE IF MAKING CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REINERT, GUY D
1845 GRANDVIEW DRIVE
HEBRON KY 41048** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REINERT, LEISA
1845 GRANDVIEW DRIVE
HEBRON KY 41048** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T Jeff Choplin
178 Country Club Rd.
Shalimar, FL 32579** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**William Lutz
1991 Deymore Ct. #c
Ft. Walton Bch, FL 32548** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**James Simpson
624-B Pelican Dr.
Ft. Walton Bch, FL 32548** ☒ Change ☐ Addition

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

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

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-571-2808

Date

Daytime Phone #

CR2E037 (10/02)