

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004587

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** PARK POINT AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH ST  
PORT SAINT JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

224 7TH ST  
PORT SAINT JOE, FL 32456 US

**New Mailing Address:**

FEI Number: 90-0238128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBSON, THOMAS S  
116 SAILORS COVE DRIVE  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PARSONS, ROBERT M  
Address: 531 NEWNAN ST. SUITE #3  
City-St-Zip: CARROLLTON, GA 30117 US

Title: DV ( ) Delete  
Name: MAGRIN, JUD  
Address: 3280 SELF MOUNTAIN EAST  
City-St-Zip: BLAIRSVILLE, GA 30512 US

Title: DST ( ) Delete  
Name: TALLMAN, ALEXANDER J  
Address: 2035 BRICKTON STATION  
City-St-Zip: BUFORD, GA 30518 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT M. PARSONS

DP

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date