

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007395

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** SUNSET POINTE AT SECLUDED DUNES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2827 JOAN AVE  
SUITE B  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BURG MANAGEMENT COMPANY, INC  
2827 JOAN AVE, SUITE B  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number:** 20-0970807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTIN, CHARLES A  
413 WILLIAMS AVE  
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: P ( ) Delete  
Name: COSTIN, CHARLES A  
Address: PO BOX 98  
City-St-Zip: PORT ST JOE, FL 32457

Title: VS ( ) Delete  
Name: ANDERSON, ANNE  
Address: 5540 CAPE SAN BLAS RD.  
City-St-Zip: PORT ST JOE, FL 32456

Title: T ( ) Delete  
Name: SHOAF, STUART L  
Address: PO BOX 772  
City-St-Zip: PORT ST JOE, FL 32457

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: VS (X) Change ( ) Addition  
Name: FULMER, PRESTON  
Address: 20 MAGNOLIA DRIVE  
City-St-Zip: NEWMAN, GA 30263

Title: S (X) Change ( ) Addition  
Name: SHOAF, STUART L  
Address: PO BOX 772  
City-St-Zip: PORT ST JOE, FL 32457

Title: T ( ) Change (X) Addition  
Name: PIERCE, CHRIS  
Address: 837 HOLLY SPRINGS DRIVE  
City-St-Zip: THOMASVILLE, GA 31792

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: BARBARA A. BURG

MGR

04/01/2008

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

\_\_\_\_\_  
Date