

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90043 022 ****61.25

DOCUMENT # N33387

1. Entity Name

THE COTTAGES OF DUNE ALLEN OWNERS
ASSOCIATION, INC.



Principal Place of Business

5200 W. HWY. C-30A
SANTA ROSA BCH., FL 32459 US

Mailing Address

5200 W. HWY. C-30A
SANTA ROSA BCH., FL 32459 US



03252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1901183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNE-ALLEN REALTY
5200 W. HWY. C-30A
SANTA ROSA BCH., FL 32459

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SIKORA, JEFF
STREET ADDRESS	2409 W. DOUBLE GATE DRIVE
CITY-ST-ZIP	ALBANY, GA 31707
TITLE	VP
NAME	SORRENTINO, ROBERT T.
STREET ADDRESS	4312 IVYWOOD
CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	D
NAME	ALLISON, PHELTS
STREET ADDRESS	4900 HUNTLY DRIVE
CITY-ST-ZIP	ATLANTA, GA 30342
TITLE	D
NAME	BROWN, CAROL
STREET ADDRESS	315 KINGHT LANE
CITY-ST-ZIP	LOOKOUT MOUNTAIN, GA 30750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. SORRENTINO

Date

Daytime Phone #

4/21/08 (850) 267-2121