

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33387

FILED
Feb 11, 2009
Secretary of State

Entity Name: THE COTTAGES OF DUNE ALLEN OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-1901183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNE-ALLEN REALTY
5200 W. HWY. C-30A
SANTA ROSA BCH., FL 32459 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: SIKORA, JEFF
Address: 2409 W. DOUBLE GATE DRIVE
City-St-Zip: ALBANY, GA 31707

Title: VP () Delete
Name: SORRENTINO, ROBERT T
Address: 4312 IVYWOOD
City-St-Zip: MARIETTA, GA 30062

Title: D () Delete
Name: ALLISON, PHELTS
Address: 4900 HUNTLY DRIVE
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: BROWN, CAROL
Address: 315 KINGHT LANE
City-St-Zip: LOOKOUT MOUNTAIN, GA 30750

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:

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: JEFF SIKORA

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date