

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33387

FILED  
Mar 19, 2010  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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:**

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

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: SARA BETH GODWIN

03/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIKORA, JEFFREY J  
Address: 2512 WESTGATE DRIVE, UNIT 6  
City-St-Zip: ALBANY, GA 31707

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

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

Title: D  
Name: KIMMONS, ROB L  
Address: 5906 DELORES STREET, SUITE 225  
City-St-Zip: HOUSTON, TX 77057

Title: D  
Name: GAILMARD, BARBARA  
Address: 600 RIDGE ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: WOZNIAK, DAVID  
Address: 8274 ETHAN DRIVE  
City-St-Zip: FISHERS, IN 46038

I hereby 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 all other like empowered.

SIGNATURE: ROBERT T SORRENTINO

VP

03/19/2010

Electronic Signature of Signing Officer or Director

Date