


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000001307	
1. Entity Name SECLUSION DUNES OWNERS' ASSOCIATION, INC.	
	
Principal Place of Business 350 BEACHFRONT TRAIL BOX 2 SANTA ROSA BCH., FL 32459 US	Mailing Address 350 BEACHFRONT TRAIL BOX 2 SANTA ROSA BCH., FL 32459 US



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3176550	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RISALVATO, THOMAS J
151 MARY ESTHER BLVD., STE 301
MARY ESTHER, FL 32569**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MOSLEY, RALPH
3830 WHITLAND AVE
NASHVILLE, TN 37205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
OTTZEN, BEVERLY
3171 PEACHTREE DR., NE
ATLANTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
OTTZEN, BEVERLY
3171 PEACHTREE DR
ATLANTA, GA 30305**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CUTTING, JOANN
2130 GORHAM PL
GERMANTOWN, TN 38139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000285108
04/02/05-80032-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Beverly Ottzen Beverly Ottzen 3/31/05 404 237-8973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #