

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 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



03312007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3176550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 amending)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000691984
04/13/07-80033-001 61.25

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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:

Beverly Otzen Beverly Otzen

Date

4/3/07 404-237-8973

Daytime Phone #