

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
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03312007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3176550	Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

**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 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	

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 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 Ottzen* **Beverly Ottzen** 4/3/07 404-237-8973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #