

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001307

FILED
Apr 10, 2009
Secretary of State

Entity Name: SECLUSION DUNES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

350 BEACHFRONT TRAIL
BOX 2
SANTA ROSA BCH., FL 32459 US

New Principal Place of Business:

Current Mailing Address:

350 BEACHFRONT TRAIL
BOX 2
SANTA ROSA BCH., FL 32459 US

New Mailing Address:

FEI Number: 59-3176550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISALVATO, THOMAS J
151 MARY ESTHER BLVD., STE 301
MARY ESTHER, FL 32569 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: DP () Delete
Name: MOSLEY, RALPH
Address: 3830 WHITLAND AVE
City-St-Zip: NASHVILLE, TN 37205

Title: DS () Delete
Name: OTTZEN, BEVERLY
Address: 3171 PEACHTREE DR., NE
City-St-Zip: ATLANTA, GA

Title: STD () Delete
Name: OTTZEN, BEVERLY
Address: 3171 PEACHTREE DR
City-St-Zip: ATLANTA, GA 30305

Title: DV () Delete
Name: BRADFORD, GEORGE
Address: 8496 ROCKBRIDGE CIR
City-St-Zip: MONTGOMERY, AL 36116

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: BEVERLY OTTZEN

DS

04/10/2009

Electronic Signature of Signing Officer or Director

Date