

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90056 003 ****61.25

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1. Entity Name
**SIERRA DUNES AT TOPS'L HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**9001 HIGHWAY 98 WEST
DESTIN, FL 32550**

Mailing Address

**9001 HIGHWAY 98 WEST
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3419815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANNON, GEORGE
69 SIERRA DUNES DR.
DESTIN, FL 32541**

**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, 2008**

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	VD BRANNON, GEORGE 69 SIERRA DUNES DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYATT, JOE LEE 73 UNION AVE. MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CRAVENS, JAMES 519 THORNWOOD AVENUE SIKESTON, MO 63801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

James K. Cravens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/08 (850) 267-9242

Date

Daytime Phone #