

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002638

**Entity Name:** SUNSET COTTAGES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**29C MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548**Current Mailing Address:**PO BOX 2613  
FORT WALTON BEACH, FL 32549**FEI Number:** 59-3652699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RDF ASSOCIATES, INC.  
29C MIRACLE STRIP PARKWAY SW  
FORT WALTON BEACH, FL 32548 US*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**Officer/Director Detail :**

Title	D
Name	CLASEN, TIM
Address	6549 GREYLEDGE CT.
City-State-Zip:	ALEXANDRIA VA 22310

Title	T
Name	MCCLELLAND, MARC
Address	702 OAK MILL DR
City-State-Zip:	ABINGDON MD 21009

Title	V
Name	PHILLIPS, GERTRUDE
Address	8440 LANEWOOD CIR
City-State-Zip:	LEEDS AL 35094

Title	P
Name	RITTER, DOUG
Address	1575 WOODLAND DR
City-State-Zip:	RED WING MN 55066

Title	S
Name	CHOPLIN, JEFF
Address	1997 DEVMOR CT. UNIT 4B
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	MGR
Name	MCDERMOTT, ANDREA
Address	29C MIRACLE STRIP PKWY SW
City-State-Zip:	FORT WALTON BEACH FL 32548

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREA MCDERMOTT****MGR****02/04/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date