

2017 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	P
Name	SERENO, RONALD
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	S
Name	PHILLIPS, GERTRUDE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	D
Name	CLASEN, LISA
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	T
Name	MCCLELLAND, MARC
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	MGR
Name	WOLVERTON, CHARLOTTE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	VP
Name	SERENO, MICHELLE
Address	PO BOX 2613
City-State-Zip:	FORT WALTON BEACH FL 32549

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: CHARLOTTE WOLVERTON

CAM

04/03/2017

Electronic Signature of Signing Officer/Director Detail_____
Date