

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 09, 2006  
Secretary of State**

DOCUMENT# N01000003719

Entity Name: COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1817 COTTON TREE CT  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

COTTON TREE TOWNHOMES  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

1817 COTTON TREE CT  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

1838 BRICK CIRCLE  
FT. WALTON BEACH, FL 32547

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLAY, MICHAEL  
1817 COTTON TREE CT  
FT. WALTON BEACH, FL 32547    US

**Name and Address of New Registered Agent:**

CLAY, MICHAEL  
1838 BRICK CIRCLE  
FT. WALTON BEACH, FL 32547    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: \_\_\_\_\_ 03/09/2006  
Electronic Signature of Registered Agent                      Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: TYNER, SUZANNE  
Address: 1819 COTTON TREE CT  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VD                      ( ) Delete  
Name: ROBBINS, CARL  
Address: 1021 HIGH GRAVE CT  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: TD                      ( ) Delete  
Name: CLAY, MICHAEL  
Address: 1817 COTTON TREE CT  
City-St-Zip: FT. WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD                      (X) Change ( ) Addition  
Name: CLAY, MICHAEL  
Address: 1838 BRICK CIRCLE  
City-St-Zip: FT. WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CLAY                      TD                      03/09/2006  
Electronic Signature of Signing Officer or Director                      Date