

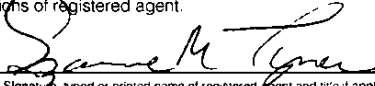



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90069 041 \*\*\*\*61.25

<b>DOCUMENT # N01000003719</b>					
1. Entity Name COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC.					
Principal Place of Business COTTON TREE TOWNHOMES FT. WALTON BEACH, FL 32547			Mailing Address 1838 BRICK CIRCLE FT. WALTON BEACH, FL 32547		
2. Principal Place of Business - No P.O. Box # <b>SAME</b> Suite, Apt. #, etc.		3. Mailing Address <b>1819 COTTON TREE CT</b> Suite, Apt. #, etc.		 01162008 Chg-NP CR2E037 (12/06)	
City & State		City & State <b>FORT WALTON BCH, FLORIDA</b>			
Zip		Country		4. FEI Number <b>NOT APPLICABLE</b> Applied For Not Applicable	
Zip <b>32547</b>		Country <b>OKALOOSA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLAY, MICHAEL 1838 BRICK CIRCLE FT. WALTON BEACH, FL 32547			Name <b>TYNERS, SUZANNE M</b> Street Address (P.O. Box Number is Not Acceptable) <b>1819 COTTON TREE COURT</b> City <b>FORT WALTON BCH</b> <b>FL</b> Zip Code <b>32547</b>		
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 		<b>SUZANNE M TYNER</b>		DATE <b>01/16/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TYNER, SUZANNE	NAME			
STREET ADDRESS	1819 COTTON TREE CT	STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, CARL	NAME			
STREET ADDRESS	1021 HIGH GRAVE CT	STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAY, MICHAEL	NAME			
STREET ADDRESS	1838 BRICK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		<b>SUZANNE M TYNER</b>		DATE <b>01/16/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				850-803-2989 Daytime Phone #	