

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 13, 2009  
Secretary of State**

DOCUMENT# N01000003719

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

**Current Principal Place of Business:**

1838 BRICK CIRCLE  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**New Mailing Address:**

1838 BRICK CIRCLE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

1819 COTTON TREE C T  
FORT 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  
1819 COTTON TREE CT  
FORT WALTON BEACH, FL 32547 US

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

CLAY, MICHAEL  
1838 BRICK CIRCLE  
FORT 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: MICHAEL J CLAY

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition  
Name: BARSH, GAIL  
Address: 1824 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 J CLAY

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date