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95 APR 21 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N06949 (4)

**1. Corporation Name
WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.**

**Principal Place of Business Mailing Address
6500 MARINER SANDS DR. C/O CHARLES H. MASON STUART FL 34987**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 27 City & State
24 Zip 25 Country 28 Zip 29 Country**

**3. Date Incorporated or Qualified 3a. Date of Last Report
01/03/1985 04/18/1994
4. FEI Number Applied For
59-2481850 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No**

9. Name and Address of Current Registered Agent

**SHAW, DANIEL W.
6500 MARINER SANDS DR.
STUART FL 34987**

10. Name and Address of New Registered Agent

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME FREEMAN, ROBERT E
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART FL**

**TITLE VD
NAME CALLAGHAN, DAVID
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART FL**

**TITLE TD
NAME FULLER, JAMES C
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART FL**

**TITLE SD
NAME MABEY, JOYCE
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART FL**

**TITLE D
NAME MCCLAVE, JAMES
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART FL**

**1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

**2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

**4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 prepare this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **DATE:** APRIL 14 1995