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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N06949**

1. Corporation Name

**WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.**

Principal Place of Business

6500 MARINER SANDS DR.  
 STUART FL 34997

Mailing Address

6500 MARINER SANDS DR.  
 STUART FL 34997

515450-5 4 5 8 18



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

01/03/1985

4. FEI Number

59-2481859

Applied For

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

9. Name and Address of Current Registered Agent

SCHOCK, FREDERICK F  
 6500 MARINER SANDS DR.  
 STUART FL 34997

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

TD  
 NAME HANEY, DONALD  
 STREET ADDRESS 6500 MARINER SANDS DR  
 CITY-ST-ZIP STUART FL

TITLE  DELETE

D  
 NAME TANNER, ROBERT  
 STREET ADDRESS 6500 MARINER SANDS DR  
 CITY-ST-ZIP STUART FL

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

VD  
 NAME LARKIN, RAYMOND  
 STREET ADDRESS 6500 MARINER SANDS DR  
 CITY-ST-ZIP STUART FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE DIRECTOR  Change  Addition

2.2 NAME PAUL PERIN  
 2.3 STREET ADDRESS 6500 MARINER SANDS DR  
 2.4 CITY-ST-ZIP STUART, FL 34997

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE SD  Change  Addition

4.2 NAME ROBERT FREEMAN  
 4.3 STREET ADDRESS 6500 MARINER SANDS DR  
 4.4 CITY-ST-ZIP STUART, FL 34997

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-99  
 Date

(561)  
 283-1114  
 Daytime Phone #

CR2E037 (11/98)