


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 003 ****61.25

DOCUMENT # N06949

1. Entity Name
WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.



Principal Place of Business
**6500 MARINER SANDS DR.
 STUART, FL 34997**

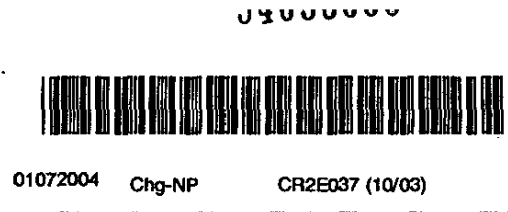
Mailing Address
**6500 MARINER SANDS DR.
 STUART, FL 34997**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



6. Name and Address of Current Registered Agent

GERSTNER, LARRY
6500 MARINER SANDS DR.
STUART, FL 34997

4. FEI Number
59-2481859

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD HANEY, DONALD 6500 MARINER SANDS DR STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUSEN, ARTHUR 6500 MARINER SANDS DR. STUART, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKE, JACK 6500 MARINER SANDS DR STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, JAMES C 6500 MARINER SANDS DR. STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, ROBERT 6500 MARINER SANDS DR. STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARKIN, RAYMOND 6500 MARINER SANDS DR STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *James C Fuller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____