

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90150 021 \*\*\*\*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

**14007030**



04222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2481859	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANEY, DONALD 6500 MARINER SANDS DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKE, JACK 6500 MARINER SANDS DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, JAMES C 6500 MARINER SANDS DR. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREEMAN, ROBERT 6500 MARINER SANDS DR. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LARKIN, RAYMOND 6500 MARINER SANDS DR STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUSSEN, ARTHUR 6500 MAKINER SANDS DR. STUART, FL 34997

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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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR