


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90368 001 ****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**

40074109



2. Principal Place of Business
1111 SE Federal Hwy
 Suite, Apt. #, etc.
Suite 100

3. Mailing Address
1111 SE Federal Hwy
 Suite, Apt. #, etc.
Suite 100

04252006 Chg-NP CR2E037 (11/05)

City & State
STUART, FL

City & State
STUART, FL

Zip
34994 Country

Zip
34994 Country

4. FEI Number
59-2481859

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
ADVANTAGE PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
1111 SE Federal Hwy

City
STUART, FL Zip Code
34994

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 *Dominic A. Fute* DATE *4/25/06*

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, 2006

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HANEY, DONALD	
STREET ADDRESS	6500 MARINER SANDS DR	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAKE, JACK	
STREET ADDRESS	6500 MARINER SANDS DR	
CITY-ST-ZIP	STUART, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FULLER, JAMES C	
STREET ADDRESS	6500 MARINER SANDS DR.	
CITY-ST-ZIP	STUART, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREEMAN, ROBERT	
STREET ADDRESS	6500 MARINER SANDS DR.	
CITY-ST-ZIP	STUART, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LARKIN, RAYMOND	
STREET ADDRESS	6500 MARINER SANDS DR	
CITY-ST-ZIP	STUART, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCUSSEN, ARTHUR	
STREET ADDRESS	6500 MAKINER SANDS DR.	
CITY-ST-ZIP	STUART, FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>CONNOLLY, LOREANE</i>	
STREET ADDRESS	<i>7098 Winged Foot Drive</i>	
CITY-ST-ZIP	<i>STUART, FL 34997</i>	
TITLE	<i>VPD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>COORSIG, DONALD</i>	
STREET ADDRESS	<i>7016 Winged Foot Drive</i>	
CITY-ST-ZIP	<i>STUART, FL 34997</i>	
TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>McARMEDY, MARIAM</i>	
STREET ADDRESS	<i>7000 Winged Foot Drive</i>	
CITY-ST-ZIP	<i>STUART, FL 34997</i>	
TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert Freeman* DATE: *4-27-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR