

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2009
Secretary of State**

DOCUMENT# N06949

Entity Name: WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 59-2481859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CONNOLLY, LORRAINE
Address: 7038 WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

Title: VD () Delete
Name: WAKE, JACK
Address: 6500 MARINER SANDS DR
City-St-Zip: STUART, FL

Title: TD () Delete
Name: CORSIG, DONALD
Address: 7016 WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: FREEMAN, ROBERT
Address: 6500 MARINER SANDS DR.
City-St-Zip: STUART, FL

Title: D () Delete
Name: CARMODY, MARIAM
Address: 7000 WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: MARCUSSEN, ARTHUR
Address: 6500 MAKINER SANDS DR.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WAKE, JACK
Address: 7024 WINGED FOOT DRIVE
City-St-Zip: STUART, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: FREEMAN, ROBERT
Address: 7010 WINGED FOOD DRIVE
City-St-Zip: STUART, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARCUSSEN, ARTHUR
Address: 7050 WINGED FOOT DRIVE
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FREEMAN

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date