


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90042 012 \*\*\*\*61.25

**DOCUMENT # N92000000894**

1. Entity Name  
**THE COTTAGES AT SOUTHERN WOODS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**96 CYPRESS BLVD. W.  
HOMOSASSA FL 34446  
US**

**P. O. BOX 1757  
HOMOSASSA SPRINGS FL 34447  
US**

2. Principal Place of Business      3. Mailing Address

**13 Dogwood Drive**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**HOMOSASSA FL**

Zip      Country      Zip      Country

**34446**



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For

**65-0382284**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HADSELL, LEANNE  
13 DOGWOOD DR  
HOMOSASSA FL 34446**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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                      | VD <input type="checkbox"/> Delete |
| NAME                       | CWIK, GREG                         |
| STREET ADDRESS             | 6 DEERWOOD DR                      |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |
| TITLE                      | SD <input type="checkbox"/> Delete |
| NAME                       | TRAYNOR, LINDA                     |
| STREET ADDRESS             | 52 DEERWOOD DRIVE                  |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |
| TITLE                      | DP <input type="checkbox"/> Delete |
| NAME                       | DELONG, DON                        |
| STREET ADDRESS             | 20 DEERWOOD DRIVE                  |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |
| TITLE                      | PD <input type="checkbox"/> Delete |
| NAME                       | CAHILL, JIM                        |
| STREET ADDRESS             | 17 DEERWOOD DR                     |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |
| TITLE                      | D <input type="checkbox"/> Delete  |
| NAME                       | VALLEE, DON                        |
| STREET ADDRESS             | 28 DEERWOOD DRIVE                  |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |
| TITLE                      | DT <input type="checkbox"/> Delete |
| NAME                       | ANTONACCI, JOE                     |
| STREET ADDRESS             | 40 DEERWOOD DRIVE                  |
| CITY-ST-ZIP                | HOMOSASSA FL 34446                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input 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 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: *Donald F DeLong*      **Donald F DeLong, Pres**

3-31-05      352-382-1830

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