2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

13 DOGWOOD DRIVE
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0382284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HADSELL, LEANNE
13 DOGWOOD DR
HOMOSASSA, FL 34446 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: DS ( ) Delete
Name: CAHILL, EILEEN
Address: 17 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: P ( ) Delete
Name: HINDMAN, ROBERT MR
Address: 30 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: SMITH, GORDON
Address: 11 WOOD ASH CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: DOLSON, LARRY
Address: 15 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete
Name: HYSON, SUE
Address: 24 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: ANTONACCI, JACKIE MRS
Address: 42 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: D (X) Change ( ) Addition
Name: VALLEE, JUDY MRS
Address: 30 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: DT (X) Change ( ) Addition
Name: SMITH, GORDON
Address: 11 WOODASH CT
City-St-Zip: HOMOSASSA, FL 34446

Title: DP (X) Change ( ) Addition
Name: DOLSON, LARRY
Address: 15 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: VP (X) Change ( ) Addition
Name: HYSON, SUE
Address: 24 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

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: LEANNE HADSELL, MG AGENT AGEN 03/03/2009

Electronic Signature of Signing Officer or Director — Date