

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2011
Secretary of State**

DOCUMENT# N92000000894

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: S
Name: ANTONACCI, JACKIE MRS
Address: 42 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D
Name: VALLEE, JUDY MRS
Address: 28 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446 US

Title: T
Name: HINDMAN, ROBERT
Address: 30 DEERWOOD DRIVE
City-St-Zip: HOMOSASSA, FL 34446 US

Title: P
Name: DOLSON, LARRY
Address: 15 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446 US

Title: VP
Name: HYSON, SUE
Address: 24 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446 US

I hereby 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 all other like empowered.

SIGNATURE: LEANNE HADSELL, MANAGER

MGR

02/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date