


**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90008 013 \*\*\*\*70.00

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N99000000604			
1. Entity Name COTTON GREEN VILLAGE ASSOCIATION, INC.			
Principal Place of Business 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103		Mailing Address 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103	
2. Principal Place		<p style="text-align: center;"><b>Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113</b></p>	
Suite, Apt. #, e			
City & State			
Zip			
3. FEI Number 65-0897008		Applied For Not Applicable	
4. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01102007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODWARD, MARK J 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103		Name <u>Cardinal Management Group</u> Street Address (P.O. Box Number is Not Acceptable) <u>5067 Tamiami Trail East</u> <u>Attn: Dana Fulker</u> City <u>Naples</u> FL Zip Code <u>34113</u>	
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 <u>Dana M Fulker</u>		DATE <u>4-16-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLIHEN, TERRENCE R 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ADD'S BOB 3740 Cotton Green Path Dr Naples FL 34114</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLS, BOB 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> President Frank Lapozzi 3866 Cotton Green Path Dr Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARISI, JOSEPH LIVIO 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SETH REAS</del> Director John Schadler 3848 Cotton Green Path Dr Naples FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRSTEIN, THOMAS 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christine Coe, Dir. 3758 Cotton Green Path Dr Naples FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	June Kimball Sec/Treas 3812 Cotton Green Path Dr Naples FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert Mills</u>		Date <u>4-26-2007</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>239-774-0723</u>	

40094438

