

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003719

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**0058214665CC**

**Entity Name:** COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4251 CAMPUS DR NE  
LACEY, WA 98516

**Current Mailing Address:**

4251 CAMPUS DR NE  
LACEY, WA 98516 US

**FEI Number: 51-0421228**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLAY, MICHAEL  
109 CREEK DR  
GRESVIEW, FL 32536 US

*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

**Officer/Director Detail :**

Title	PD	Title	TD
Name	BARSH, GAIL	Name	CLAY, MICHAEL
Address	1824 COTTON TREE COURT	Address	4251 CAMPUS DR NE
City-State-Zip:	FT. WALTON BEACH FL 32547	City-State-Zip:	LACEY WA 98516

*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: MICHAEL J CLAY**

**TREASURER**

**01/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date