

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002149

Entity Name: VILLAGE COTTAGES OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2441 U S HWY 98 W
SUITE 101
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**2441 U S HWY 98 W
SUITE 101
SANTA ROSA BEACH, FL 32459 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541 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	D
Name	GALVIN, MICHEAL
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D
Name	MARINO, SAM
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D, T
Name	EBLING, LINDA
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D, S
Name	CONNER, DEBBIE
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D, V
Name	EDWARDS, BRAD
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	D, P
Name	MENNA, TINA
Address	2441 U S HWY 98 W SUITE 101
City-State-Zip:	SANTA ROSA BEACH FL 32459

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: TINA MENNA**PRESIDENT****05/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date