

2021 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 PRESIDENT
Name GALVIN, MICHEAL
Address 2441 U S HWY 98 W
 SUITE 101
City-State-Zip: SANTA ROSA BEACH FL 32459

Title SECRETARY
Name CHANCE, PAMELA
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 VP
Name BROWN, FRANCINE
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 DIRECTOR
Name SIRMANS, ABBIE
Address 2441 US HWY 98 WEST
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: MICHEAL GALVIN**PRESIDENT****05/02/2021**

Electronic Signature of Signing Officer/Director Detail

Date