

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007384

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**4612301742CC**

**Entity Name:** THE COTTAGES AT STONEY CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 US

**FEI Number: 26-0591464**

**Certificate of Status Desired: No**

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

LAMBIASE, JR., NICHOLAS  
AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HIGHWAY  
AMELIA ISLAND, FL 32034 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: NICHOLAS LAMBIASE, JR.**

**02/04/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SHATFORD, DAVE  
Address 5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title VPD  
Name SEKELY, KENNETH  
Address 5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title D  
Name BAKER, COLLEEN  
Address 5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title STD  
Name BOLTINGHOUSE, CONNIE  
Address 5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

Title PD  
Name HUGGINS, CAROL  
Address 5440 FIRST COAST HIGHWAY  
City-State-Zip: AMELIA ISLAND FL 32034

*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: CAROL HUGGINS**

**P**

**02/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date