

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000894

**Entity Name:** THE COTTAGES AT SOUTHERN WOODS HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC4328097633**

**Current Principal Place of Business:**

13 DOGWOOD DRIVE  
HOMOSASSA, FL 34446

**Current Mailing Address:**

P. O. BOX 1757  
HOMOSASSA SPRINGS, FL 34447 US

**FEI Number: 65-0382284**

**Certificate of Status Desired: No**

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

HADSELL, LEANNE  
13 DOGWOOD DR  
HOMOSASSA, FL 34446 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 VP  
Name FORTUNE, LINDA MRS  
Address 6 STRAWOOD POINT  
City-State-Zip: HOMOSASSA FL 34446

Title D  
Name EVANS, JUDY MRS  
Address 26 DEERWOOD DR  
City-State-Zip: HOMOSASSA FL 34446

Title T  
Name DELONG, DON TREASURER  
Address 25 DEERWOOD DRIVE  
City-State-Zip: HOMOSASSA FL 34446

Title SECRETARY  
Name ANTONACCI, JACKIE SECRETARY  
Address 42 DEERWOOD DR  
City-State-Zip: HOMOSASSA FL 34446

Title PRESIDENT  
Name HYSON, SUE  
Address 24 DEERWOOD DR  
City-State-Zip: HOMOSASSA FL 34446

*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: DON DELONG**

**TREASURER**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date