

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000894

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

**FILED**  
**Apr 18, 2017**  
**Secretary of State**  
**CC1718162286**

**Current Principal Place of Business:**

VILLAGES SERVICES CO-OPERATIVE, INC  
2541 N. RESTON TERRACE  
HERNANDO, FL 34442

**Current Mailing Address:**

VILLAGES SERVICES CO-OPERATIVE, INC  
2541 N. RESTON TERRACE  
HERNANDO, FL 34442 US

**FEI Number: 65-0382284**

**Certificate of Status Desired: No**

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

VILLAGES SERVICES COOPERATIVE  
2541 N RESTON TERR  
HERNANDO, FL 34442 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: GERI BOND**

**04/18/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name TENBROOK, ROBERT  
Address 2541 N. RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title TREASURER  
Name DELONG, DONALD  
Address 2541 N RESTON TERR  
City-State-Zip: HERNANDO FL 34442

Title PRESIDENT  
Name PARRISH, BRENT  
Address 2541 N RESTON TERR  
City-State-Zip: HERNANDO FL 34442

Title VP  
Name JOHNSON, KURT  
Address 2541 N RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name DIDIER, DENNIS  
Address 2541 N. RESTON TERRACE  
City-State-Zip: HERNANDO FL 34442

*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: DONALD DELONG**

**TREASURER**

**04/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date