


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90067 044 ****61.25

DOCUMENT # 700688 1. Entity Name COTTAGE POINT RECREATIONAL ASSOCIATION, INC.					
Principal Place of Business C/O DOROTHY W CANAN 13201 POINT BREEZE DR FORT MYERS, FL 33908			Mailing Address C/O DOROTHY W CANAN 13201 POINT BREEZE DR FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2349145	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CANAN, DOROTHY W 13201 POINT BREEZE DR FT. MYERS, FL 33908			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, LOIS		NAME	Mary Ballou	
STREET ADDRESS	16905 WINDCREST DR		STREET ADDRESS	13181 Point Breeze Drive	
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSE, LEROY		NAME	Carole Lowe	
STREET ADDRESS	13206 POINT BREEZE DR		STREET ADDRESS	16825 WINDCREST DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUSHON, HELEN		NAME		
STREET ADDRESS	13101 POINT BREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSE, LOIS M		NAME	MARCIA MOUNTAIN	
STREET ADDRESS	13200 POINT BREEZE DR		STREET ADDRESS	13141 POINT BREEZE DR.	
CITY-ST-ZIP	FT MYERS, FL 33908		CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLOU, MARY		NAME	ISABEL BUCK	
STREET ADDRESS	13121 POINT BREEZE DR		STREET ADDRESS	13191 POINT BREEZE DR	
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK-BANDY, DARLENE F		NAME		
STREET ADDRESS	13121 POINT BREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33908		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Darlene F. Cook-Bandy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/10/06 Daytime Phone # 239-415 3242		