


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90091 033 ****61.25

DOCUMENT # 745222 1. Entity Name GOLF COTTAGES #2 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11360 FORTUNE CIR E-6A WELLINGTON, FL 33414			Mailing Address 11924 FOREST HILL BLVD PMB 22-221 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1877071	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GEORGE, PALERMO C/O A & G MANAGEMENT SERVICES 11924 FOREST HILL BLVD PMB 22-221 WELLINGTON, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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: <u><i>George Palermo</i></u> George Palermo <u>4/18/08</u> <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, 2008		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, RUTH		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAZIO, CHARLES		NAME	D Charles Lazio	
STREET ADDRESS	11311 POND VIEW DR., C-101		STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP	WEST PALM BCH., FL		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCMAMARA, ED		NAME	D Edward McNameara	
STREET ADDRESS	11223 POND VIEW DR A203		STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP	WEST PALM BEACH, FL		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIX, ALLYN		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSICOTTE, PAULETTE		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD #22 PMB 221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Mary Corcoran	
STREET ADDRESS			STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP			CITY-ST-ZIP	Wellington, FL 33414	
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: <u><i>George Palermo</i></u> George Palermo <u>4/18/08</u> 861-795-3182 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					