

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766858

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** THE COTTAGES AT UNIVERSITY PARK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1941 N.W. 150TH AVE.  
C/O LANDMARK MANAGEMENT SERVICES, INC.  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 59-2461955

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDMARK MANAGEMENT SERVICES, INC.  
1941 NW 150 AVE  
PEMBROKE PINES, FL 33028 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: BOXE, NORMAN  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: STD  
Name: WADE, VERONICA  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: HINDS, STEPHEN  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PD  
Name: CADETTE, ANNMARIE  
Address: 1941 N.W. 150TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

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: ANN MARIE CADETTE

PRES

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date