

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F21484 1. Entity Name CLUB COTTAGES MANAGEMENT COMPANY	
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Principal Place of Business 1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH, FL 33402	Mailing Address 1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH, FL 33402
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02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2075424	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ECCLESTONE, E. LLWYD, JR. 1555 PALM BCH. LKS. BLVD. #1100 WEST PALM BEACH, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ECCLESTONE, E LLYWD, JR 1555 PALM BCH LKS. BLVD. W PALM BEACH, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOPER, RON 1555 PALM BCH LKS BLVD. W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BCH LKS BLVD W PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/04-80082-022 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: Ron Cooper 4/1/04 561/686-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #