

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

DOCUMENT# N00000002201

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** GRAYTON BEACH COTTAGES OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

15 PINE ST.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

15 PINE ST.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 59-3695940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOEN, BROOKS  
15 PINE STREET  
SANTA ROSA BEACH, FL 32459 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: D  
Name: SCHOEN, BROOKS  
Address: 945 RIVER OVERLOOK CT  
City-St-Zip: ATLANTA, GA 30328

Title: D  
Name: FISH, DEMING  
Address: 500 RIVER CREST CT  
City-St-Zip: ATLANTA, GA 30328

Title: D  
Name: GORE, CLAR  
Address: 765 SPRINGLAKE LN  
City-St-Zip: ATLANTA, GA 30318

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:** BROOKS SCHOEN

D

02/16/2011

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

\_\_\_\_\_  
Date