

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00394

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** THE COTTAGES OF SEA OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8811 A1A  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

8811 A1A  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 59-2439829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAMELA DAWSON  
1235 WINDING OAKS CIRCLE  
VERO BEACH, FL 329631020 US

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

DAWSON, PAMELA S  
8811 A1A  
VERO BEACH, FL 329631020 US

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: PAMELA S. DAWSON

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARBURTON, MICKEY  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: HOLMAN, JOHN  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: HIPKINS, CLEM  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: SHIVERICK, THOMAS  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: ST ( ) Delete  
Name: KREIDLER, DAVID  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HIPKINS, CLEM  
Address: 8811 HWY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICKEY WARBURTON

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date