2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # N0100003719 1. Entity Name COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC.								01-22-2008	90069 04	1 ****61.:	25	
COTTON TREE TOWNHOMES 18				Mailing Address 1838 BRICK CIRCLE FT. WALTON BEACH, FL 32547				3-				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
SAME Suite, Apt. #, etc.			1819 COTTON TREE CT Suite, Apt. #, etc.									
oute, Apt.	II, 010.		l ou	.o, Apt. 11, cto.			,	01162008	Chg-NP	CR2E0	37 (12/06)	
City & State				City & State FORT WALTON BCH, FLORIDA			Δ	4. FEI Numbe NOT AP	PLICABLE			plied For t Applicable
Zip	Country		Zip Cou			intry		5. Certificate of Status Desired S8.75 Additions Fee Reguired			litional	
	6. Name	and Address of Current		-1	UN	ALOOSA	١	7. Name and	Address of Nev	v Registered .		
						Name	FWAIER					
CLAY, MIC 1838 BRIC		=				TXNERS SUZANNE M Street Address (P.O. Box Number is Not Acceptable)						
		- H, FL 32547										
							9 CO	TTON TRE	E COURT			
							ity FORT WALTON BCH		Н	FL	Zip Code 32547	7
	named entity	y submits this statement for	or the purpo	ose of changing its	egistere	ed office or	register	ed agent, or bot	h, in the State of	Florida. I am		
		1. —										
SIGNATURE .		-e 19 (G	nei			E M TY			01/16/0			
	Signature, typed	or printed name of registered ageni	t and little it appl	icable. (NOTE	Registere	d Agent signati	ne tedrited	when reinstating)		DATE		
	Filing Fe	e is \$61.25 lay 1, 2008	t and little if appl	9. Election Cam Trust Fund C	paign F	inancing	ure required	\$5.00 May B	e F		k payable to	
10.	Filing Fe Due by N	e is \$61.25		9. Election Cam	paign F	inancing		\$5.00 May B	F	Make chec lorida Depai	tment of St	ate
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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:

SUZANNE M TYNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/08

850-803-2989

Daytime Phone #