

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003719

FILED
Jan 13, 2009
Secretary of State

Entity Name: COTTON TREE TOWNHOMES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1838 BRICK CIRCLE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

1819 COTTON TREE C T
FORT WALTON BEACH, FL 32547

New Mailing Address:

1838 BRICK CIRCLE
FORT WALTON BEACH, FL 32547

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAY, MICHAEL
1819 COTTON TREE CT
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

CLAY, MICHAEL
1838 BRICK CIRCLE
FORT WALTON BEACH, FL 32547 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: MICHAEL J CLAY

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAINES, SUZANNE
Address: 1819 COTTON TREE CT
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VD () Delete
Name: ROBBINS, CARL
Address: 1021 HIGH GRAVE CT
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: TD () Delete
Name: CLAY, MICHAEL
Address: 1838 BRICK CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARSH, GAIL
Address: 1824 COTTON TREE CT
City-St-Zip: FT. WALTON BEACH, FL 32547

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: MICHAEL J CLAY

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date