


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005399 1. Entity Name COTTAGE RETREAT AT MIRAMAR BEACH HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1234 AIRPORT RD STE 215 DESTIN, FL 32541	Mailing Address 1234 AIRPORT RD STE 215 DESTIN, FL 32541
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03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0522997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT RD STE 215 DESTIN, FL 32541
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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

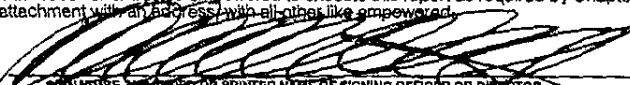
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, RICHARD 1234 AIRPORT RD STE 215 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, RUPERT E 1713 GAINST SYCAMORE LANE BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHMIDT, STEVEN R 1234 AIRPORT RD STE 215 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000278986
03/29/05-80047-014 61.25

**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 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:



3/9/05

Date

650-3858

Daytime Phone #