


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90148 034 ****61.25

DOCUMENT # N02000005399	
1. Entity Name COTTAGE RETREAT AT MIRAMAR BEACH HOMEOWNERS ASSOCIATION, INC.	

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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2. Principal Place of Business 12815 Highway 98 West Suite, Apt. #, etc. Suite 100 City & State Miramar Beach, FL Zip 32550 Country USA	3. Mailing Address PO. Box 1779 Suite, Apt. #, etc. City & State Destin, FL Zip 32540 Country USA
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04072006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT RD STE 215 DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name: Lorri Smith Street Address (P.O. Box Number is Not Acceptable): 12815 Emerald Coast Pkwy Suite 100 City: Miramar Beach FL Zip Code: 32550	
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: <i>Lorri W Smith</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, RICHARD 1234 AIRPORT RD STE 215 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gadar, Joseph 7710 Mitchell Park Drive Cleveland, OH 45002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, RUPERT E 1713 GAINT SYCAMORE LANE BAKER, FL 32531 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stechison, Michael 753 Old Norcross Rd., Ste A Lawrenceville, GA 30045 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHMIDT, STEVEN R 1234 AIRPORT RD STE 215 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/treas Tornowski, Timothy 922 Peregrine Drive Columbus, IN 47203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/13/06 Daytime Phone #: 850-837-1071