


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90088 049 \*\*\*\*61.25

<b>DOCUMENT # N02000005399</b> 1. Entity Name <b>COTTAGE RETREAT AT MIRAMAR BEACH HOMEOWNERS ASSOCIATION, INC.</b>	
--	---

Principal Place of Business <b>12815 HWY 98 W STE 100 MIRAMAR BEACH, FL 32550</b>	Mailing Address <b>POB 1779 DESTIN, FL 32540</b>
--	---

**40014326**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 1779</b>
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State <b>Destin, FL</b>
--------------	-----------------------------------

Zip	Country	Zip <b>32540</b>	Country <b>USA</b>
-----	---------	---------------------	-----------------------

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>05-0522997</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SMITH, LORRI 12815 EMERALD COAST PKWY STE 100 MIRAMAR BEACH, FL 32550</b>	7. Name and Address of New Registered Agent Name <b>Smith, Loretta W. CAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>Newman-Dailey Resort Properties</b> <b>12815 Highway 98 West, Suite 100</b> City <b>Miramar Beach</b> FL Zip Code <b>32550</b>
---	--

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 <b>Loretta Smith, CAM</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1-27-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GODAR, JOEPH 7710 MITCHELL PRK DR CLEVES, OH 45002 <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	VD STECHISON, MICHAEL 753 OLD NORCROSS RD STE A LAWRENCEVILLE, GA 30045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORNOWSKI, TIMOTHY 922 PEREGRINE DR COLUMBUS, IN 47203 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <b>Joe Godar</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1/28/07</b> Daytime Phone # <b>837-1071</b>