

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009049

FILED
Sep 08, 2004
Secretary of State

Entity Name: THE COTTAGES AT VICTORIA STATION HOMEOWNERS ASSOCIATION OF SANTAROSA COUNTY, INC.

Current Principal Place of Business:

1101 GULF BREEZE PKWY STE 229
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1101 GULF BREEZE PKWY STE 229
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 33-1032896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, DAVID
1101 GULF BREEZE PKWY STE 229
GULF BREEZE, FL 32561

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLCOMB, DAVID
Address: 128 JOHN KING RD STE 18
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: MCEACHERN, SANDY
Address: 128 JOHN KING RD STE 18
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: SCHNOOR, MARK
Address: 128 JOHN KING RD STE 18
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID HOLCOMB

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date