2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009049

Apr 13, 2005 Secretary of State

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

INC

Current Principal Place of Business: New Principal Place of Business:

1101 GULF BREEZE PKWY STE 229 5170 VICTORIA DRIVE GULF BREEZE, FL 32561 MILTON, FL 32570

Current Mailing Address: New Mailing Address:

1101 GULF BREEZE PKWY STE 229 5170 VICTORIA DRIVE GULF BREEZE, FL 32561 MILTON, FL 32570

FEI Number: 33-1032896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLCOMB, DAVID

1101 GULF BREEZE PKWY STE 229

GULF BREEZE, FL 32561 US

OLMSTEAD, MICHAEL
5170 VICTORIA DRIVE
MILTON, FL 32570 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 OLMSTEAD 04/13/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D, P (X) Change () Addition Name: HOLCOMB, DAVID Name: OLMSTEAD, MICHAEL

Address: 128 JOHN KING RD STE 18 Address: 5170 VICTORIA DRIVE
City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: MILTON, FL 32570

Title: D () Delete Title: D,VP (X) Change () Addition Name: MCEACHERN, SANDY Name: HUTCHINSON, DAWN

Address: 128 JOHN KING RD STE 18 Address: 5177 VICTORIA DRIVE
City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: MILTON, FL 32570

 Name:
 SCHNOOR, MARK
 Name:
 HUTCHINSON, DAWN

 Address:
 128 JOHN KING RD STE 18
 Address:
 5177 VICTORIA DRIVE

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:
 MILTON, FL 32570

Title: () Delete Title: D, S () Change (X) Addition

 Name:
 Name:
 PENFOLD, LORI

 Address:
 Address:
 5145 VICTORIA DRIVE

 City-St-Zip:
 City-St-Zip:
 MILTON, FL 32570

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: MICHAEL OLMSTEAD P 04/13/2005