

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000009049

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



Principal Place of Business
5170 VICTORIA DRIVE
MILTON, FL 32570

Mailing Address
5170 VICTORIA DRIVE
MILTON, FL 32570



02162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1032896

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OLMSTEAD, MICHAEL
5170 VICTORIA DRIVE
MILTON, FL 32570

**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

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.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D, P
NAME	OLMSTEAD, MICHAEL
STREET ADDRESS	5170 VICTORIA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D, VP
NAME	HUTCHINSON, DAWN
STREET ADDRESS	5177 VICTORIA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	T
NAME	HUTCHINSON, DAWN
STREET ADDRESS	5177 VICTORIA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D, S
NAME	PENFOLD, LORI
STREET ADDRESS	5145 VICTORIA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06 850-626-6666