

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State

06-19-2008 90001 034 ****70.00

DOCUMENT # N02000009049 1. Entity Name THE COTTAGES AT VICTORIA STATION HOMEOWNERS ASSOCIATION OF SANTAROSA COUNTY, INC.	
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Principal Place of Business 5170 VICTORIA DRIVE MILTON, FL 32570	Mailing Address 5170 VICTORIA DRIVE MILTON, FL 32570
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05132008 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

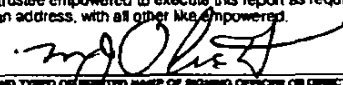
Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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:  5-1-08 850-207-2676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #