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.

Principal Place of Business	Mailing Address
5170 VICTORIA DRIVE MILTON, FL 32570	5170 VICTORIA DRIVE MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

05132008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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	DVT
NAME	HUTCHESON, 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #