

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000530

FILED
Apr 02, 2009
Secretary of State

Entity Name: THE ESTATES AT COTTON PLANT PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5700 SW 34 STREET
SUITE 324
GAINESVILLE, FL 32608

New Principal Place of Business:

375 SW 144TH COURT RD
OCALA, FL 34481

Current Mailing Address:

5745 SW 75 ST
#325
GAINESVILLE, FL 32608

New Mailing Address:

375 SW 144TH COURT RD
OCALA, FL 34481

FEI Number: 20-1383823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTIN, JAMES T
5700 SW 34 STREET
SUITE 324
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

SANCHEZ, JULIO C TREAS
375 SW 144TH COURT RD
OCALA, FL 34481 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: JULIO SANCHEZ

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MELLERICK, ANGELA P
Address: 14870 W HIGHWAY 40
City-St-Zip: OCALA, FL 34481

Title: S () Delete
Name: ANDERSON, JON
Address: 19658 SW 88 LOOP
City-St-Zip: DUNNELLON, FL 34432

Title: T (X) Delete
Name: MASTIN, JAMES T
Address: 5700 SW 34 ST, SUITE 324
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Delete
Name: VELEZ, DAVID
Address: 2 CAMILA DRIVE
City-St-Zip: PITTSBOWN, NJ 08867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MELLERICK, ANGELA P PRESIDE
Address: 14870 W HIGHWAY 40
City-St-Zip: OCALA, FL 34481

Title: S (X) Change () Addition
Name: ANDERSON, JON J
Address: 19658 SW 88 LOOP
City-St-Zip: DUNNELLON, FL 34432

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 exemption stated 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 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: JULIO SANCHEZ

TREA

04/02/2009

Electronic Signature of Signing Officer or Director

Date