2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003746

FILED Apr 28, 2006 Secretary of State

Entity Name: COTTAGES AT MEADOWBROOKE HOMEOWNERS ASSOCIATION, INC.

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

4902 EISENHOWER BLVD. 9887 FOURTH STREET NORTH

SUITE 380 SUITE 301

TAMPA, FL 33634 ST. PETERSBURG, FL 33702

Current Mailing Address: New Mailing Address:

10033 DR. M. L. KING JR. STREET NORTH 10033 DR. M. L. KING JR. STREET NORTH

SECOND FLOOR SUITE 301

ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33702

FEI Number: 51-0483040 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:

RAMPART PROPERTIES, INC RAMPART PROPERTIES, INC. 9887 FOURTH STREET NORTH 10033 DR. MARTIN LUTHER KING, JR. STREET N

ST. PETERSBURG, FL 33716 SUITE 301

ST. PETERSBURG, FL 33702 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: 04/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BILL, KOUWENHOVEN WESLEY, WALLACE Name: Name:

4902 EISENHOWER BLVD. SUITE 380 Address: 9887 FOURTH STREET NORTH Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: ST. PETERSBURG, FL 33703

Title: Title:

(X) Change () Addition () Delete MATHENY, MARK Name: ROELANT, FRANK Name:

Address: 600 N. WESTSHORE BLVD., SUITE 600 Address: 9887 FOURTH STREET NORTH City-St-Zip: TAMPA, FL 33609 City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Delete Title: TSD (X) Change () Addition

LYONS, JOHN Name: BURKEL, NICK Name:

311 PARK PLACE BLVD. 6TH FLOOR 9887 FOURTH STREET NORTH Address: Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the 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: WESLY WALLACE PD 04/28/2006