

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006312

FILED
May 01, 2006
Secretary of State

Entity Name: THE COTTAGES AT INDIAN SUMMER HOMEOWNER'S ASSOCIATION, INC

Current Principal Place of Business:

1008 GORDON AVE.
THOMASVILLE, G. 31792

New Principal Place of Business:

Current Mailing Address:

1008 GORDON AVE.
THOMASVILLE, G. 31792

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, SCHNITKER, REEVES, & BROWNING, P.A.
901 WEST BASE STREET
MADISON, FL 32340 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: PARVEY, RICHARD E
Address: 1008 GORDON AVE.
City-St-Zip: THOMASVILLE, GA 31792

Title: S, D () Delete
Name: JOHNSTON, ELIZABETH
Address: 1008 GORDON AVE.
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RICHARD E PARVEY

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date