


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

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90039 008 \*\*\*\*70.00

<b>DOCUMENT # N03000006312</b>	
1. Entity Name <b>THE COTTAGES AT INDIAN SUMMER HOMEOWNER'S ASSOCIATION, INC</b>	

Principal Place of Business <b>1934 STATE RD 30 A PORT ST. JOE, FL 32456</b>	Mailing Address <b>1934 STATE RD 30A PORT ST. JOE, FL 32456</b>
---	--

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0644870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SUNSET BAY MANAGEMENT GROUP, LLC  
1934 STATE RD 30A  
PORT ST. JOE, FL 32456**

**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 *Robert A. Rennick* DATE 3/10/08

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

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES KING, TOM PRES 405 NOTTINGHAM CT TALLAHASSEE, FL 32312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILSON, SCOTT 1061 VILLAGE PARK DR, SUITE 204 GREENSBORO, GA 30642</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA BRYAN, KAY 737 LIONESS COURT STONE MOUNTAIN, GA 30087</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: *Robert A. Rennick* DATE 3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR