

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006312

FILED
Mar 12, 2009
Secretary of State

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

Current Principal Place of Business:

1934 STATE RD 30 A
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

1934 STATE RD 30A
PORT ST. JOE, FL 32456

New Mailing Address:

FEI Number: 51-0644870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PRES () Delete
Name: KING, TOM PRES
Address: 405 NOTTINGHAM CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: WILSON, SCOTT
Address: 1061 VILLAGE PARK DR, SUITE 204
City-St-Zip: GREENSBORO,, GA 30642

Title: TREA () Delete
Name: BRYAN, KAY
Address: 737 LIONESS COURT
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LIGHTFOOT, CLYDE
Address: 50 20 NEW CHAPEL HILL WAY
City-St-Zip: CUMMINGS, GA 30041

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: ROBYN A. RENNICK

MGR

03/12/2009

Electronic Signature of Signing Officer or Director

Date