2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 26, 2005 8:00 am Secretary of State

08-26-2005 90004 022 ****70 00

DOCUMENT # N0400000887 1. Entity Name COTTAGE ROW PLAZA CONDOMINIUM ASSOCIATION, INC.					08-26-2003 900	104 UZZ ****/U	J.00	
Principal Place 721 RIDGEWI HOLLY HILL,	OOD AVE	Mailing Address 721 RIDGEWOOD AVE HOLLY HILL, FL 32117	RIDGEWOOD AVE		50063611			
7a1	lace of Business Ridgerson Ne	3. Mailing Address	evoca f					
Suite, Apt.	#, etc. =#6	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP Cf	R2E037 (10/03)		
City & Stat	& Hill FI	City & State	u FT	4. FEI Number		⊢	plied For t Applicable	
7321	Country 6. Name and Address of Current F	21p 32117	Country	5. Certificate of	Status Desired 4	\$8.75 Add Fee Required	itional d	
TOURY C		iegistered Agent	Name •	Don Esta	ROS	· · · -		
TOUHY, CAROL M 210 S BEACH ST STE 200 DAYTONA BEACH, FL 32114					s Not Acceptable)			
5,1,,,,,,,,			CII	when B		FL Zip Code	<i>U</i>	
	named entity submits this statement for ions of registered agent. Don EVan 9 Signature, typed or printed name of registered agent as		Don	registered agent, or both,	in the State of Florida.		and accept	
D	Filing Fee is \$61.25 ue by September 7, 2005	Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.		Florida I	check payable to Department of St	ate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PSTD TYLER, STEVE 721 RIDGEWOOD AVE HOLLY HILL, FL 32117	ECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard J	Balonsk	ND DIRECTORS IN Change Stee	Addition #3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Proside John Henry 721 Riograph House Hill	7. 0	☐ Change Stc#12	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby of indicated of the conchanged,	certify that the information superfied with on this report or supplemental report is poration or the receiver or frustee empo- or on an attachment with an address, w	this filing does not qualify for t true and accurate and that my wered to execute this report a rith all other like empowered.	the exemption state y signature shall ha is required by Chap	ed in Section 119.07(3)(i), we the same legal effect a oter 617, Florida Statutes;	Florida Statutes. I furthas if made under oath; and that my name app	ner certify that the in that I am an officer pears in Block 10 or	nformation or director Block 11 if	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: