

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90003 036 ****70.00

DOCUMENT # N04000001661

1. Entity Name
**THE COTTAGES AT EASTERN LAKE OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**7 TOM CENTER LOOP
UNIT C16
SANTA ROSA BEACH, FL 32459**

Mailing Address
**PO BOX 1247
SANTA ROSA BEACH, FL 32459**

40028439



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0777579

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN H. WATSON, P.A.
5365 E CO HWY 30-A, STE 105
SEAGROVE BCH, FL 32459**

Name

Cindy Stenberg

Street Address (P.O. Box Number if Not Acceptable)

7 Tom Center Loop # C16

City

Santa Rosa Beach FL

32459

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

Cynthia Stenberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/12/2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BARTON, PETER J
5399 E CO. HWY 30-A, BOX 190
SANTA ROSA BEACH, FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
WHITAKER, MICKEY
PO BOX 4847
SEAGROVE BCH, FL 32459**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICCI, LOUIS
4238 BELLE MEADE COVE
MEMPHIS, TN 39117**

☐ Delete

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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: *Constance R Lang* **2/6/08 8502678458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assoc. Mgr. / Agent for CEL Owners' Assoc. BOD