

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001661

FILED
Apr 29, 2009
Secretary of State

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

Current Principal Place of Business:

7 TOWN CENTER LOOP
UNIT C16
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 1247
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-0777579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STENBERG, CINDY
7 TOWN CTR LOOP C16
SANTA ROSA BEACH, FL 32459 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: DPT () Delete
Name: BARTON, PETER J
Address: 5399 E CO. HWY 30-A, BOX 190
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DVS () Delete
Name: WHITAKER, MICKEY
Address: PO BOX 4847
City-St-Zip: SEAGROVE BCH, FL 32459

Title: D () Delete
Name: RICCI, LOUIS
Address: 4238 BELLE MEADE COVE
City-St-Zip: MEMPHIS, TN 39117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARANOWSKI, DONALD
Address: 778 SCENIC GULF DRIVE UNIT A-202
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: SD (X) Change () Addition
Name: CHANNON, KEITH
Address: 5960 NACHOOCHIE TRAIL
City-St-Zip: FLOWERY BRANCH, GA 30542

Title: VPD (X) Change () Addition
Name: DECUYPER, SUSAN
Address: 311 WANDERING CIRCLE
City-St-Zip: FRANKLIN, TN 37067

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: DONALD BARANOWSKI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date