

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90025 003 ****61.25

DOCUMENT # N04000003007					
1. Entity Name ISLAND COTTAGES HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080			Mailing Address 509 ANASTASIA BLVD ST AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box # 5455 AIA South		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine FL		City & State SAME			
Zip 32080		Country USA		Zip SAME	
Country		Country			
6. Name and Address of Current Registered Agent MAY MANAGEMENT & SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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: _____ DATE: 1-1-08 <small>Signature, typed or printed name of registered agent, title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
	PVST HAHNEMANN, ROBERT H	509 ANASTASIA BLVD	ST AUGUSTINE, FL 32080		
	D HAHNEMANN, ROBERT H	509 ANASTASIA BLVD	ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	
	D VIDAMOUR, SHEILA	509 ANASTASIA BLVD	ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	
	D PADGETT, SUE	509 ANASTASIA BLVD	ST AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	President Jerome Johns	5455 AIA SOUTH	ST. AUGUSTINE, FL 32080		
	Vice President MYRA KRUER	5455 AIA SOUTH	ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Secretary TABITHA DOTSON	5455 AIA SOUTH	ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Treasurer JAMES CASE	5455 AIA SOUTH	ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Director Brad Keslie	5455 AIA SOUTH	ST. AUGUSTINE FL 32080	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 1/11/08 Daytime Phone #: 407 367-8843					