

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003007

FILED
Mar 16, 2009
Secretary of State

Entity Name: ISLAND COTTAGES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

509 ANASTASIA BLVD
ST AUGUSTINE, FL 32080

New Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 55-0861484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT & SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

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: ANNA MARKS

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNS, JEROME
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: KRUSE, MYRA
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Delete
Name: DOTSON, TABITHA
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Delete
Name: CARSE, JAMES
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Delete
Name: LESLIE, BRAD
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KRUER, MYRA
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: HARRISON, KATHRYN
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: LESLIE, BRAD
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

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

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: KATHRYN HARRISON

S

03/16/2009

Electronic Signature of Signing Officer or Director

Date