

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009101

FILED
Jan 18, 2006
Secretary of State

Entity Name: COTTAGES AT WALTON ROSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3210 N EMBRY CIRCLE
ATLANTA, GA 30341

New Principal Place of Business:

4680 HITCHING POST TRAIL
ATLANTA, GA 30342

Current Mailing Address:

3210 N EMBRY CIRCLE
ATLANTA, GA 30341

New Mailing Address:

4680 HITCHING POST TRAIL
ATLANTA, GA 30342

FEI Number: 20-1666603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, M. TODD
215 GRAND BLVD STE 101
DESTIN, FL 32550 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: DP () Delete
Name: COWGILL, GEORGE C IV
Address: 3210 N EMBRY CIRCLE
City-St-Zip: ATLANTA, GA 30341

Title: DV () Delete
Name: COWGILL, ADRIENNE
Address: 3210 N EMBRY CIRCLE
City-St-Zip: ATLANTA, GA 30341

Title: DST () Delete
Name: COWGILL, DIANNE P
Address: 9542 STAUBER LANE
City-St-Zip: YOUNGSTOWN, FL 32466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: COWGILL, GEORGE C IV
Address: 4680 HITCHING POST TRAIL
City-St-Zip: ATLANTA, GA 30342

Title: DV (X) Change () Addition
Name: COWGILL, ADRIENNE
Address: 4680 HITCHING POST TRAIL
City-St-Zip: ATLANTA, GA 30342

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE C. COWGILL, IV

DP

01/18/2006

Electronic Signature of Signing Officer or Director

Date