

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010853

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** THE COTTAGES OF HAMILTON BRIDGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6221 COTTAGE WOODS DR  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

6221 COTTAGE WOODS DR  
MILTON, FL 32570

**New Mailing Address:**

4400 BAYOU BLVD  
SUITE 35  
PENSACOLA, FL 32503

FEI Number: 59-3792409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVIN, ROGER  
6221 COTTAGE WOODS DR  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

LONGWELL, TINA  
4400 BAYOU BLVD  
SUITE 35  
PENSACOLA, FL 32503 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: TINA LONGWELL

04/30/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CALVIN, ROGER D  
Address: 6221 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

Title: DST ( ) Delete  
Name: DOUG, RICHARDSON JR.  
Address: 6225 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

Title: DV ( ) Delete  
Name: ROBINSON, DORTHY A  
Address: 6238 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: ROGER CALVIN

DP

04/30/2006

Electronic Signature of Signing Officer or Director

Date