## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000010853

FILED Apr 24, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 6221 COTTAGE WOODS DR 4400 BAYOU BLVD MILTON, FL 32570 #35 PENSACOLA, FL 32503 **Current Mailing Address: 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: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CALVIN, ROGER D CLAYTON, DIANE Name: Name: 6221 COTTAGE WOODS DR Address: 6283 COTTAGE WOODS DR Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: MILTON, FL 32570 (X) Change ( ) Addition Title: DST () Delete Title: DOUG, RICHARDSON JR. Name: LAPRICE, NORMA JEAN Name: Address: 6225 COTTAGE WOODS DR Address: 6299 COTTAGE WOODS DR City-St-Zip: MILTON, FL 32570 City-St-Zip: MILTON, FL 32570 Title: () Delete Title: (X) Change ( ) Addition ROBINSON, DORTHY A BLAYLOCK, GAILA A Name: Name: 6238 COTTAGE WOODS DR 6373 COTTAGE WOODS DR Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: MILTON, FL 32570 ( ) Change (X) Addition Title: () Delete Title: Name: Name: OGAN, BUTCH 6322 COTTAGE WOODS DR Address: Address: City-St-Zip: City-St-Zip: MILTON, FL 32570 Title: () Delete Title: ( ) Change (X) Addition MINA, MARTIN Name: Name: 6370 COTTAGES WOODS DR Address: Address: City-St-Zip: City-St-Zip: MILTON, FL 32570

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: DIANE CLAYTON DP 04/24/2007