


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90347 005 ****70.00

DOCUMENT # N04000010853

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



Principal Place of Business
4400 BAYOU BLVD #35 PENSACOLA, FL 32503

Mailing Address
4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #
6299 COTTAGE WOODS DR

3. Mailing Address
6299 COTTAGE WOODS DR

Suite, Apt. #, etc.

City & State
MILTON, FL

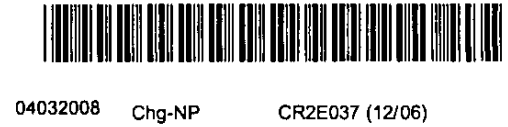
City & State
MILTON, FL

Zip
32570-4171

Country
SANTA ROSA

Zip
32570-4171

Country
SANTA ROSA



6. Name and Address of Current Registered Agent

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

4. FEI Number
59-3792409

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
NORMA-JEAN LAPRISE

Street Address (P.O. Box Number is Not Acceptable)
6299 COTTAGE WOODS DRIVE

City
MILTON

FL Zip Code
32570-4171

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: *Norma Jean LaPrise* **NORMA-JEAN LAPRISE**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by: May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLAYTON, DIANE 6283 COTTAGE WOODS DR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAPRISE, NORMA JEAN 6299 COTTAGE WOODS DR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAPRISE, NORMA-JEAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAYLOCK, GAILA A 6373 COTTAGE WOODS DR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OGAN, BUTCH 6322 COTTAGE WOODS DR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RESIGNED FROM BOARD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINA, MARTIN 6370 COTTAGES WOODS DR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Norma Jean LaPrise* **NORMA-JEAN LAPRISE** 04/23/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-549-7474