

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010853

**FILED**  
**Apr 03, 2014**  
**Secretary of State**

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

**Current Principal Place of Business:**

6299 COTTAGE WOODS DR  
MILTON, FL 325704171

**New Principal Place of Business:**

6283 COTTAGE WOODS DR  
MILTON, FL 325704171

**Current Mailing Address:**

6299 COTTAGE WOODS DR  
SUITE 35  
MILTON, FL 325704171

**New Mailing Address:**

6283 COTTAGE WOODS DR  
MILTON, FL 325704171

FEI Number: 59-3792409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAPERSI, NORMA-JEAN  
6299 COTTAGE WOODS DR  
MILTON, FL 325704171 US

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

CALVIN, ROGER  
6221 COTTAGE WOODS DR  
MILTON, FL 325704171 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: ROGER CALVIN

04/03/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CLAYTON, GENI D  
Address: 6283 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

Title: DV  
Name: BLAYLOCK,, GAILA D  
Address: 6375 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

Title: DM  
Name: MINA, MARTIN  
Address: 6370 COTTAGE WOODS DR  
City-St-Zip: MILTON, FL 32570

I hereby 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 all other like empowered.

SIGNATURE: GENI D CLAYTON

DP

04/03/2014

Electronic Signature of Signing Officer or Director

Date