


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 030 ****61.25

DOCUMENT # N05000003395					
1. Entity Name COTTONWOOD SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4883 GLOVER LANE MILTON, FL 32570			Mailing Address 4883 GLOVER LANE MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address REALTY MASTERS OF FLORIDA		Suite, Apt. #, etc. 1719 N. 9th AVE	
Suite, Apt. #, etc. City & State Zip		Suite, Apt. #, etc. City & State Zip		04212008 Chg-NP CR2E037 (12/06)	
City & State Zip		City & State Zip		4. FEI Number 33-1138700	
Country 32503		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 4300 BAYOU BLVD STE 13 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name: REALTY MASTERS OF FL Street Address (P.O. Box Number is Not Acceptable): 1719 N. 9th AVE City: PENSACOLA FL FL Zip Code: 32503		
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: <i>Paul A. Lee</i> 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HAYWARD, ROBERT 4883 GLOVER LANE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEPT PRESIDENT JEFF MILLER 1719 N 9th AVE PENSACOLA FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ROLLO, STEVEN B 4883 GLOVER LANE MILTON, FL 32570	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MIKE HALSTON 1719 N 9th AVE PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALTERS, CHRISTOPHER K 4883 GLOVER LANE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DIANA KING 1719 N. 9th AVE PENSACOLA FL 32503	<input type="checkbox"/> Change <input checked="" 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
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
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: <i>J. M. Miller</i>			4/21/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		