## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007928

FILED Jan 23, 2007 Secretary of State

Entity Name: ANNA MARIA BEACH COTTAGES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

112C OAK AVENUE ANNA MARIA, FL 34206

Current Mailing Address: New Mailing Address:

P.O. BOX 817 ANNA MARIA, FL 34216

FEI Number: 20-3276877 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:

PROFESSIONAL TAX CONSULTANTS INC 2225 E EDGE WOOD DR STE 14 LAKELAND, FL 33803 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 BRENNEMAN, TIM
 Name:
 BURDA, DIANE

Address: 125 SHADDOW CRK CHASE Address: 2945 OXFORD AVE
City-St-Zip: ALPHARETTA, GA 30022 City-St-Zip: LAKELAND, FL 33803

 Name:
 HARBY, REBECCA
 Name:
 HARDY, REBECCA

 Address:
 328 TRL DR
 Address:
 328 VAIL DRIVE

City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: BIRDA, DIANE Name: CORBITT, JIM

Address: 2945 OXFORD AVE Address: 2723 MARLO WAY

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKESIDE PARK, KY 41017

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 BURDA PRES 01/23/2007