

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010518

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** COTTAGES AT WATERSIDE VILLAGE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3202 US HWY 98  
MEXICO BEACH, FL 32410

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BURG MANAGEMENT COMPANY  
2827 JOAN AVE, SUITE B  
PANAMA CITY BEACH, FL 32408

**New Mailing Address:**

**FEI Number:** 20-4909981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, DERRICK  
% HARRISON RIVARD & BENNETT,CHTD  
101 HARRISON AVENUE  
PANAMA CITY, FL 32401 US

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

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:**

Title: P ( ) Delete  
Name: OLSON, CARL R  
Address: 4300 LEGENDARY DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete  
Name: BOWEN, PETER  
Address: 2286 FISHER COURT  
City-St-Zip: HOWELL, MI 48855

Title: S ( ) Delete  
Name: COWART, RANDALL  
Address: 1597 JOHN WARD ROAD  
City-St-Zip: MARIETTA, GA 30064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAWS, CLINT  
Address: 8811 GROW DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TINA CAMPBELL

MGR.

03/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date