

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90255 030 \*\*\*\*61.25

**DOCUMENT # N05000012583**

1. Entity Name  
**COTTAGES OF MICCOSUKEE HILLS CONDOMINIUMS  
ASSOCIATION, INC.**



Principal Place of Business  
**2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308**

Mailing Address  
**2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308**

**50018921**



2. Principal Place of Business

3. Mailing Address

**c/o Carol Trescott  
1700 N. Monroe St., Ste 11-288**

04152006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tallahassee FL**

Zip

Country

Zip

Country

**32303 Leon**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, DIXIE  
2573 BARRINGTON CIR  
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Dixie L. Russell*

Signature, typed or printed name of registered agent and title if applicable.

*Dixie L. Russell*

(NOTE: Registered Agent signature required when reinstating)

*4-17-06*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **DP** ☐ Delete  
NAME **RUSSELL, DIXIE**  
STREET ADDRESS **2573 BARRINGTON CIR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **JARRETT, JAMES**  
STREET ADDRESS **3025 NATHAN LN**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DST** ☐ Delete  
NAME **MATHIS, NORMA**  
STREET ADDRESS **8086 RONS PT CT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32306**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Dixie L. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dixie L. Russell*

*4-17-06*

Date

*(850)385-4646*

Daytime Phone #