

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 011 ****61.25

DOCUMENT # N06000000089			
1. Entity Name THE COTTAGES AT GREENLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE, FL 32257		Mailing Address 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # 11555 Central Parkway Suite, Apt. #, etc. Suite 603 City & State Jacksonville, FL Zip 32224		3. Mailing Address 11555 Central Parkway Suite, Apt. #, etc. Suite 603 City & State Jacksonville, FL Zip 32224	
4. FEI Number 26-0823375		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent F&L CORP ONE INDEPENDENT DRIVE SUITE 1380 JACKSONVILLE, FL 32202-504		7. Name and Address of New Registered Agent Name: James R. DeFurio, P.A. Street Address (P.O. Box Number is Not Acceptable): 201 E. Kennedy Blvd. Suite 1460 City: Tampa FL Zip Code: 33602	
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: <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: 4-21-08 <small>(NOTE: Registered Agent signature required when reinstating)</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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROOD, JOHN D 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD MORGAN, WILLIAM L 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FRICK, STEPHEN A 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cynthia Davis 5663 Greenland Rd. #705 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bruce Bernstein 5663 Greenland Rd. #1605 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Susan Johnson 5663 Greenland Rd #404 Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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: Cynthia Davis President 4-17-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date: Daytime Phone #: 904-655-2297			

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