

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002018

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** COTTESMORE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 20-8134403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOSCES, CHAD  
2647 PROFESSIONAL CIRCLE  
SUITE 1201  
NAPLES, FL 34119 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: PD ( ) Delete  
Name: KOSCES, CHAD  
Address: 2647 PROFESSIONAL CIRCLE, SUITE #1201  
City-St-Zip: NAPLES, FL 34119

Title: VPD ( ) Delete  
Name: HOULDSWORTH, SANDY  
Address: 2647 PROFESSIONAL CIRCLE, SUITE #1201  
City-St-Zip: NAPLES, FL 34119

Title: STD ( ) Delete  
Name: GELDER, KEITH  
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201  
City-St-Zip: NAPLES, FL 34119

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

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

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: SANDY HOULDSWORTH

V.P.

02/21/2009

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

\_\_\_\_\_  
Date