2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# N06000002451

Entity Name: COTTAGES AT SEAGROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1727 S. COUNTY HWY. 393
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1727 S. COUNTY HWY. 393
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAM S. HOWELL, JR., J.D., P.A.
1727 S. COUNTY HWY. 393
SANTA ROSA BCH, FL 32459 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: D ( ) Delete
Name: STOKES, BARBARA
Address: 4800 WHITESBURG DR., SUITE 30-351
City-St-Zip: HUNTSVILLE, AL 35802

Title: D ( ) Delete
Name: STOKES, SCOTT
Address: 4800 WHITESBURG DR., SUITE 30-351
City-St-Zip: HUNTSVILLE, AL 35802

Title: D (X) Delete
Name: EDWARDS, FRANCES W
Address: 2015 MYRTLEWOOD DR.
City-St-Zip: MONTGOMERY, AL 36111

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: BARBARA STOKES MGR 07/23/2007
Electronic Signature of Signing Officer or Director — Date