2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 20 PM 5:48

DOCUMENT # N06000006832

1. Entity Name
COTTAGES AT THE LAKE CONDOMINIUM ASSOCIATION, INC.

03/07/07 90012 043 $61.25

02182007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
9600 OCEAN SHORE BLVD. ST. AUGUSTINE, FL 32080	9600 OCEAN SHORE BLVD. ST. AUGUSTINE, FL 32080

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4334 HIGHWAY 441 SE	1093 A1A BEACH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #187
City & State OKEECHOBEE FL	City & State ST AUGUSTINE FL
Zip 34974 Country USA	Zip 32080 Country USA

4. FEI Number
20 5273508
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III
555 COLORADO AVE
STUART, FL 34994

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAMPP, JOY D 2740 SW MARTIN DOWNS BLVD #103 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HAMPP, CARL J 2740 SW MARTIN DOWNS BLVD #103 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST NEWITT, GREG 2740 SW MARTIN DOWNS BLVD #103 PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROMREY, BRIAN 3854 SE FAIRWAY WEST STUART, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joy D Hampp Joy D HAMPP 3/3/07 904.468.2615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #