## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 09, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N06000006832 04-09-2008 90025 033 \*\*\*\*61.25 COTTAGES AT THE LAKE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4334 HIGHWAY 441 S.E. 1093 A1A BEACH BLVD, #187 OKEECHOBEE, FL 34974 ST. AUGUSTINE, FL 32080 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 20-5273508 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVE Street Address (P.O. Box Number is Not Acceptable) STUART, FL 34994 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2008 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DPT TITLE TITLE Delete ☐ Change Addition HAMPP, JOY D NAME NAME SCH WEITZER, KAREN 2740 SW MARTIN DOWNS BLVD #103 STREET ADDRESS STREET ADDRESS 2990 SW CORNELL AVE CiTY-ST-ZIP PALM CITY, FL 34990 CITY-ST-7IP PALM CITY, FL 34990 ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAMPP, CARL J NAME NAME 2740 SW MARTIN DOWNS BLVD #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP TITLE Delete TITLE Change Addition NEWITT, GREG NAME NAME 2740 SW MARTIN DOWNS BLVD #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition KROMREY, BRIAN NAME NAME 3854 S.E. FAIRWAY WEST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JOY D. HAMPP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-669-8615 5 APR 2008

Date

Daytime Phone #