

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90056 019 ****61.25

DOCUMENT # N06949

1. Entity Name
WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.



Principal Place of Business
**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

Mailing Address
**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

40048058



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2481859

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANTAGE PROPERTY MANAGEMENT
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

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

TITLE SD ☐ Delete
NAME CONNOLLY, LORRAINE
STREET ADDRESS 7038 WINGED FOOT DRIVE
CITY-ST-ZIP STUART, FL 34997

TITLE VD ☐ Delete
NAME WAKE, JACK
STREET ADDRESS 6500 MARINER SANDS DR
CITY-ST-ZIP STUART, FL

TITLE D ☐ Delete
NAME CORSIG, DONALD
STREET ADDRESS 7016 WINGED FOOT DRIVE
CITY-ST-ZIP STUART, FL 34997

TITLE PD ☐ Delete
NAME FREEMAN, ROBERT
STREET ADDRESS 6500 MARINER SANDS DR.
CITY-ST-ZIP STUART, FL

TITLE D ☐ Delete
NAME CARMODY, MARIAM
STREET ADDRESS 7000 WINGED FOOT DRIVE
CITY-ST-ZIP STUART, FL 34997

TITLE TD ☐ Delete
NAME MARCUSSEN, ARTHUR
STREET ADDRESS 6500 MAKINER SANDS DR.
CITY-ST-ZIP STUART, FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Robert Freeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

Daytime Phone #