

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007151

FILED
Apr 30, 2008
Secretary of State

Entity Name: COTTAGES AT COASTAL PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 SAILOR'S COVE DR
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

116 SAILOR'S COVE DR
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, PAUL W II
116 SAILOR'S COVE DR
PORT ST JOE, FL 32456 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: DVST () Delete
Name: VINCENT, MATTHEW J
Address: 172 BLACK JACK RD
City-St-Zip: TRUSSVILLE, AL 35173

Title: DP () Delete
Name: FERGUSON, RICHARD
Address: 9634 S 3065 W
City-St-Zip: S JORDAN, UT 84095

Title: D () Delete
Name: ISOM, MARK W
Address: 9634 S 3065 W
City-St-Zip: S JORDAN, UT 84095

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: MARK ISOM

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date