2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000007385

TI FILED
Dec 18, 2008
Secretary of State

Entity Name: THE COTTAGES AT WINDING CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

105 EAST PINE HOLLOW TRAIL UNIT #202 ST. AUGUSTINE, FL 32086

Current Mailing Address: New Mailing Address:

C/O JDR REAL ESTATE MANAGEMENT, INC.
3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

JDR REAL ESTATE MANAGEMENT, INC.
3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE, FL 32257

FEI Number: 26-0591589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 322025017 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MORGAN, WILLIAM L MORGAN, WILLIAM L Name: Name: 3020 HARTLEY ROAD, SUITE 300 Address: 3020 HARTLEY ROAD, SUITE 300 Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: VD () Delete Title:

Title: VD () Delete Title: () Change () Addition Name: SCHACHT, THOMAS J Name:

Address: 3020 HARTLEY ROAD, SUITE 300 Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 TAYLOR, KIM A
 Name:

 Address:
 3020 HARTLEY ROAD, SUITE 300
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change (\) Addition}$

 Name:
 MORGAN, WILLIAM L
 Name:
 MICHAELSON, JERROLD

 Address:
 3020 HARTLEY ROAD, SUITE 300
 Address:
 225 BAYBERRY CIRCLE

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 ST. AUGUSTINE, FL 32086

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 SIMPSON, BEVERLY

 Address:
 Address:
 215 BAYBERRY CIRCLE

 City-St-Zip:
 ST. AUGUSTINE, FL 32086

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: WILLIAM L. MORGAN DPST 12/18/2008