2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N08000007320

Entity Name: THE COTTAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

324 ROYAL PALM WAY SUITE 300
PALM BEACH, FL 33480

New Principal Place of Business:

250 SO. AUSTRALIAN AVE. SUITE 600
WEST PALM BEACH, FL 33401

Current Mailing Address:

324 ROYAL PALM WAY SUITE 300
PALM BEACH, FL 33480

New Mailing Address:

250 SO. AUSTRALIAN AVE. SUITE 600
WEST PALM BEACH, FL 33401

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATT, JAMES L
324 ROYAL PALM WAY SUITE 300
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

WATT, JAMES L
250 SO. AUSTRALIAN AVE. SUITE 600
WEST PALM BEACH, FL 33401 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: JAMES L. WATT 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLOODWORTH, DONALD S
Address: 5239 ROSSER ROAD
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: D ( ) Delete
Name: BLUME, ELIZABETH
Address: 5939 SANFORD ROAD
City-St-Zip: HOUSTON, TX 77096

Title: D ( ) Delete
Name: CASE, WILLIAM E
Address: 273 AZALEA ROAD #2-522
City-St-Zip: MOBILE, AL

Title: D ( ) Delete
Name: DAVIS, FRANK
Address: 2703 CULVER ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: D ( ) Delete
Name: FORCE, JANET
Address: PO BOX 1165
City-St-Zip: LELAND, MI 49654

Title: D ( ) Delete
Name: HARRIS, DENTON
Address: 84 ROBIN HOOD ROAD
City-St-Zip: ATLANTA, GA 30309

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:

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: JAMES L. WATT D 04/23/2009
Electronic Signature of Signing Officer or Director Date