

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 31, 2009  
Secretary of State**

DOCUMENT# N08000010247

**Entity Name:** THE COTTAGES AT ST. AUGUSTINE BEACH OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

509 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

509 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 26-3688285      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HAHNEMANN, ROBERT  
509 ANASTASIA BLVD  
ST AUGUSTINE, FL 32080      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: DO      ( ) Delete  
Name: HAHNEMANN, ROBERT H  
Address: 509 ANASTASIA BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D      ( ) Delete  
Name: MARSH, TOM  
Address: 509 ANASTASIA BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D      ( ) Delete  
Name: VIDAMOUR, SHEILA R  
Address: 509 ANASTASIA BLVD  
City-St-Zip: ST AUGUSTINE, FL 32080

**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: ROBERT H HAHNEMANN

DO

08/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date