


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90039 023 \*\*\*\*61.25

**DOCUMENT # N20359**

1. Entity Name  
**THE COTTAGES RESIDENTS ASSOCIATION, INC.**



Principal Place of Business  
**3624 COTTAGE CLUB LN  
 P O BOX 10374  
 NAPLES, FL 34105 US**

Mailing Address  
**P O BOX 10374  
 NAPLES, FL 34105 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01082006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2809252**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**THIESEN, DIANE B  
 3624 COTTAGE CLUB LANE  
 NAPLES, FL 34105**

7. Name and Address of New Registered Agent **NAME**

Name **DIANE BRACKETT-SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**Same**

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 **Diane Brackett-Smith** DATE **Jan. 23, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	V	<input checked="" type="checkbox"/> Delete
NAME	GARRESON, GARY	
STREET ADDRESS	COTTAGE CLUB LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JEAN	
STREET ADDRESS	3629 COTTAGE CLUB LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAUBRICH, SUE	
STREET ADDRESS	3628 COTTAGE CLUB LANE	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THIESEN, DIANE *Name Change ONLY	
STREET ADDRESS	3624 COTTAGE CLUB LANE	
CITY-ST-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BOWMAN	
STREET ADDRESS	Blk 12 Cottage Club Lane	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE BRACKETT-SMITH	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE: **Diane Brackett-Smith** DATE: **Jan. 23, 2006**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

**DIANE BRACKETT-SMITH**  
 (unmarried to THIESEN)