


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20359</b> 1. Entity Name <b>THE COTTAGES RESIDENTS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3624 COTTAGE CLUB LN P O BOX 10374 NAPLES, FL 34105 US</b>	Mailing Address <b>P O BOX 10374 NAPLES, FL 34105 US</b>
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**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2809252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, DIANE B  
3624 COTTAGE CLUB LANE  
NAPLES, FL 34105**

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000778167 01/10/08-80036-024.61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOWMAN, JOHN 3612 CITTAGE CLUB LN NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JEAN 3629 COTTAGE CLUB LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUBRICH, SUE 3628 COTTAGE CLUB LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DIANE B 3624 COTTAGE CLUB LANE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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* Jan. 8, 2008 239-643-9727  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR Date Daytime Phone #