

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

**FILED  
Jan 21, 2009  
Secretary of State**

DOCUMENT# N20359

Entity Name: THE COTTAGES RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

3624 COTTAGE CLUB LN  
P O BOX 10374  
NAPLES, FL 34105 US

**New Principal Place of Business:**

3624 COTTAGE CLUB LN  
NAPLES, FL 34105 US

**Current Mailing Address:**

P O BOX 10374  
NAPLES, FL 34105 US

**New Mailing Address:**

P O BOX 10374  
NAPLES, FL 34101 US

FEI Number: 59-2809252      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SMITH, DIANE B  
3624 COTTAGE CLUB LANE  
NAPLES, FL 34105 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: V ( ) Delete  
Name: BOWMAN, JOHN  
Address: 3612 CITTAGE CLUB LN  
City-St-Zip: NAPLES, FL 34105

Title: PD ( ) Delete  
Name: SMITH, JEAN  
Address: 3629 COTTAGE CLUB LANE  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: HAUBRICH, SUE  
Address: 3628 COTTAGE CLUB LANE  
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete  
Name: SMITH, DIANE B  
Address: 3624 COTTAGE CLUB LANE  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition  
Name: BOWMAN, JOHN  
Address: 3612 COTTAGE CLUB LN  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SMITH, DIANE B  
Address: 3624 COTTAGE CLUB LANE  
City-St-Zip: NAPLES, FL 34105

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: DIANE BRACKETT-SMITH

TD

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date