2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

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1. Entity Name

COTTAGES OF COLLEGE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

500 RUGBY ST ORLANDO, FL 32804 1016 CAMPBELL ST. ORLANDO, FL 32806

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DO NOT WRITE IN THIS SPACE

04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REBER, JOHN C. 109 E CHURCH ST FIFTH FLOOR ORLANDO, FL 32801-3391

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 acce	ρţ
	the obligations of registered agent.		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

CATE

Filing Fee is \$61.25 Due by May 1, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000540432 05/10/86-30017-009 **61.25**

	Due by May 1, 2006	trust Funa Contribution.
10.	OFFICERS AND DIRE	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAY, GERALD A JR 1016 CAMPBELL ST ORLANDO, FL	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GAY, CARLA J 1015 CAMPBELL ST ORLANDO, FL	· :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REBER, JOHN C 966B E MICHIGAN ST ORLANDO, FL	
TITLE NAME STINEET ADDRESS CITY-ST-ZIP		
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 eath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENTLER OR DIRECTOR

4/25/06

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