

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90182 037 \*\*\*\*61.25

40078938



03142006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N94000004437</b> 1. Entity Name <b>THE COTTAGES AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>SCHOO MANAGEMENT, INC.</b> <b>9411 CYPRESS LAKE DRIVE, SUITE 2</b> <b>FORT MYERS, FL 33919 US</b>			Mailing Address <b>SCHOO MANAGEMENT, INC.</b> <b>9411 CYPRESS LAKE DRIVE, SUITE 2</b> <b>FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0533491</b>			Applied For <input type="checkbox"/> 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  <b>GELLES, BOB</b> <b>SCHOO MANAGEMENT, INC.</b> <b>9411 CYPRESS LAKE DRIVE, SUITE 2</b> <b>FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renouncing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALSH, JOSEPH		NAME		
STREET ADDRESS	3683 OLDE COTTAGE LANE		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		
TITLE	STD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SARTON, RANDY		NAME		
STREET ADDRESS	3660 OLDE COTTAGE LANE		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCNEIL, TOM		NAME		
STREET ADDRESS	3679 OLDE COTTAGE LANE		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS, FL 34134		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 to an address with all other like empowered.					
<b>SIGNATURE:</b>			<b>PRESIDENT NOM</b> <b>THOMAS O. MCNEIL</b> 4/20 239-495-3427		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					