

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90007 013 \*\*\*\*61.25

<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.          9411 CYPRESS LAKE DRIVE, SUITE 2          FORT MYERS, FL 33919 US</b>			Mailing Address <b>SCHOO MANAGEMENT, INC.          9411 CYPRESS LAKE DRIVE, SUITE 2          FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0533491</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GELLES, BOB          SCHOO MANAGEMENT, INC.          9411 CYPRESS LAKE DRIVE, SUITE 2          FORT MYERS, FL 33919</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALSH, JOSEPH <input checked="" type="checkbox"/> Delete 3683 OLDE COTTAGE LANE BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wicker, Douglas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3664 Olde Cottage Lane Bonita Springs, FL. 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARTON, RANDY <input type="checkbox"/> Delete 3660 OLDE COTTAGE LANE BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sarton, Randy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3660 Olde Cottage Lane Bonita Springs, FL. 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEIL, TOM <input type="checkbox"/> Delete 3679 OLDE COTTAGE LANE BONITA SPRINGS, FL 34134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** Ton McNeil, Pres 4-16-07 239-481-4700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #