2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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THE COTTAGES AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.



FILED May 05, 2008 8:00 am Secretary of State

05-05-2008 90254 030 ****61.25

Principal Place of Business

Mailing Address

SCHOO MANAGEMENT, INC.

SCHOO MANAGEMENT, INC. 40037633 9411 CYPRESS LAKE DRIVE, SUITE 2 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-NP CR2E037 (12/06) Applied For City & State 4. FEI Number 65-0533491 City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GELLES, BOB Street Address (P.O. Box Number is Not Acceptable) SCHOO MANAGEMENT, INC. 9411 CYPRESS LAKE DRIVE, SUITE 2 FORT MYERS, FL 33919 City 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. Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be \Box Added to Fees Florida Department of State Due by May 1, 2008 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete mr ☐ Change ☐ Addition NAME WICKER, DOUGLAS NAME 3664 OLD COLLEGE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS, FL 34134** CITY-ST-ZIP VD. ☐ Delete ☐ Change TITLE ■ Addition SARTON, RANDY NAME NAME STREET ADDRESS 3660 OLDE COTTAGE LANE STREET ADDRESS BONITA SPRINGS, FL 34134 CHY-ST-7IP CITY-ST-ZIP TIME. ☐ Delete TITLE ☐ Change ☐ Addition NAME MCNEIL, TOM STREET ADORESS 3679 OLDE COTTAGE LANE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete IIILE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE III F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR