

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 012 ****61.25

DOCUMENT # N95000003003

1. Entity Name
**OLD FLORIDA COTTAGES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 4946
SEASIDE, FL 32459**

Mailing Address
**PO BOX 4946
SEASIDE, FL 32459**

94081190



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3322879

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEUZE, DAVID
~~329 WOOD BEACH DR~~
~~SANTA ROSA BEACH, FL 32460~~

Name

Street Address (P.O. Box Number is Not Acceptable)

9064 E. Co Hwy 30-A

Panama City Beach

FL

Zip Code 32413

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KING, BRUCE
STREET ADDRESS 170 EMERALD DUNE CIRCLE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE SD ☐ Delete
NAME GEPPERT, PEGGY
STREET ADDRESS 104 EMERALD DUNE CIRCLE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE TD ☐ Delete
NAME FLANAGAN, MALCOLM
STREET ADDRESS 156 EMERALD DUNE CIRCLE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE M ☒ Delete
NAME STARR, DEBI
STREET ADDRESS 104 MASTERS COURT
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF SIGNING OFFICER OR DIRECTOR

BRUCE KING

4/30/04

Date

231-6954

Daytime Phone #