

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90050 046 ****61.25

DOCUMENT # N95000003489



1. Entity Name
**THE COTTAGES AT GATEWAY GREENS HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**C/O CORNER STONE ASSOCIATION MGMT INC.
2137 DAVIS BLVD
FORT MYERS, FL 33905 US**

Mailing Address
**C/O CORNER STONE ASSOCIATION MGMT INC.
2137 DAVIS BLVD
FORT MYERS, FL 33905 US**

2. Principal Place of Business
**8359 BEACON BLVD
Suite, Apt. #, etc.
#409
City & State**

3. Mailing Address
**8359 BEACON BLVD
Suite, Apt. #, etc.
#409
City & State**



01252005 Chg-NP CR2E037 (10/03)

Zip
33907

Country

Zip
33907

Country

4. FEI Number
65-0619349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NASSIOY, SHERRY
C/O CORNERSTONE ASSOCIATION MGMT, INC
2137 DAVIS BLVD
FORT MYERS, FL 33905**

7. Name and Address of New Registered Agent

Name

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

8359 BEACON BLVD, #409

City

FL Zip Code
33907

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

Sherry Nassioy

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, 2005**

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	<input checked="" type="checkbox"/> Delete
NAME	PIEPER, DANIEL T	
STREET ADDRESS	12021 FAIRWAY POINTE LN	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLEIN, GERRY	
STREET ADDRESS	12050 FAIRWAY POINTE AVE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATTAGLIA, THOMAS G	
STREET ADDRESS	11651 WEST LINKS DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADDER, GEORGE E	
STREET ADDRESS	12060 FAIRWAY POINTE LN	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, GERALD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

George E Wadder

GEORGE E WADDER, PRES 2/4/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-425-2696