


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90026 038 \*\*\*\*61.25

DOCUMENT # N97000005990			
1. Entity Name NANTUCKET COTTAGES OWNERS ASSOCIATION, INC.		Principal Place of Business 1965 SCENIC GULF DR. MIRAMAR BEACH, FL 32550	
Mailing Address 2936 SCENIC GULF DR. % LEYDA MALLORY MIRAMAR BEACH, FL 32550		50031913	
2. Principal Place of Business 12815 Hwy 98 W, Suite, Apt. #, etc. Suite 100		3. Mailing Address PO Box 1779 Suite, Apt. #, etc.	
City & State Miramar Beach, FL		City & State Destin FL	
Zip 32550		Country USA	
6. Name and Address of Current Registered Agent MALLORY, LEYDA R 2936 SCENIC GULF DR. MIRAMAR BEACH, FL 32550		7. Name and Address of New Registered Agent Name Loretta Smith Street Address (P.O. Box Number is Not Acceptable) c/o Newman Dailey 12815 Hwy 98 W, Suite 100 City Miramar Beach FL Zip Code 32550	
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 <i>Loretta W Smith, Reg Agent/CAM</i>		DATE 3/8/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROAT, DONNA 92 SHINAH STREET DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sue Buckley 5955 Plantation Dr Rosewell, GA 30075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ASHE, JUDITH 4070 WELLINGTON MIST PL. DULUTH, GA 30097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Emers 79 Tranquility Ln Destin FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUIZ, IVAN 490 STONE HEALTH MEWS MARIETTA, GA 30068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Michelle Taylor 1551 Ridge Rd Bangor, PA 18013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Mathis Jr PO Box 8571 Dathan, AL 36304 <input type="checkbox"/> Change <input checked="" 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 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: <i>Sue Buckley</i>		Date 3/1/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-837-1071	