


FILED
May 15, 2003 8:00 am
Secretary of State

04-24-2003 90256 022 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

4/2

DOCUMENT # N97000005990
 1. Entity Name
NANTUCKET COTTAGES OWNERS ASSOCIATION, INC.



Principal Place of Business
**69 CRYSTAL BEACH DR
 DESTIN FL 32541**
 Mailing Address
**C/O ABBOTT RESORTS
 3500 EMERALD COAST PKY
 DESTON FL 32541**

2. Principal Place of Business
1965 Scenic Gulf Dr
 3. Mailing Address
2936 Scenic Gulf Dr.
 Suite, Apt. #, etc.
% Leyda Mallory

City & State
Destin
 City & State
Miramar Beach, FL
 Zip
32541 Country
USA Zip
32550 Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ABBOTT, WILLIAM W JR
 508 HIGHWAY 98 E.
 DESTIN FL 32540**

4. FEI Number **59-3535051** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **Leyda R. Mallory**
 Street Address (P.O. Box Number is Not Acceptable)
2936 Scenic Gulf Dr.
Miramar Beach Florida
 City **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 **Leyda R. Mallory** DATE **4/18/03**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW: FEE IS \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ODOM, JAY P O BOX 1735 N/A DESTIN FL 32540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBOTT, BILL 508 HWY 98 DESTON FL 32540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, CLIFF P.O. BOX 1735 N/A DESTIN FL 32540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President Donna Groat 92 Shulah Street Destin, Florida 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Judith Ashe 4000 Wellington Duluth, GA 30091	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST.D Secretary/Treasurer Ivan Ruiz 1190 Stoneheath Mews Marietta, GA 30068	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 **Leyda R. Mallory** **SIGNATURE REQUIRED** DATE **4-18-03**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)