

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90385 048 \*\*\*\*61.25

<b>DOCUMENT # N98000000540</b>					
<b>1. Entity Name</b> THE COTTAGES AT HOBE SOUND H.O.A., INC.					
<b>Principal Place of Business</b> 759 SOUTH FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994			<b>Mailing Address</b> 759 SOUTH FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994		
<b>2. Principal Place of Business - No P.O. Box #</b> 543 NW LAKE WHITNEY PLACE		<b>3. Mailing Address</b> 543 NW LAKE WHITNEY PL			
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101			
City & State PORT ST LUCIE FL		City & State PORT ST LUCIE FL		<b>4. FEI Number</b> 59-3551905	
Zip 34986		Country		Applied For Not Applicable	
Zip 34986		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROSS, DEBORAH L ESQ. 759 SOUTH FEDERAL HIGHWAY, SUITE 212 STUART, FL 34994				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> CAVALIERE, JAMES S 12519 S.E. PLANDOME DR HOBE SOUND, FL 33455		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> LINGELBACH, JOE 8013 SE MORNING PLACE HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> DORAN, DAN 12343 SE PLANDOME DRIVE HOBE SOUND, FL 33455		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> SCUDERI, NICK 12463 SE PLANDOME DRIVE HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Wesley Sidbottom 12440 SE Plandome Dr Hobe Sound 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> HINTON, GENE 12231 SE PLANDOME DRIVE HOBE SOUND, FL 33455		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T GUERRERA, JOHN 12480 SE PLANDOME DRIVE HOBE SOUND FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>E.B. HINTON</u> <b>E. B. HINTON</b> <u>4/18/08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					