2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000540

FILED Apr 27, 2009 Secretary of State

Entity Name: THE COTTAGES AT HOBE SOUND HOA INC

Current Principal Place of Business:		New Principal Place of Business:		
	AKE WHITNE	Y PL		
01 PORT SA	INT LUCIE, FL	34986		
Current N	/lailing Addre	ss:	New Maili	ng Address:
543 NW L	AKE WHITNE	Y PL		
101 PORT SA	INT LUCIE, FL	34986		
El Number	r: 59-3551905	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,
n the Stat	e of Florida. RE:	submits this statement for the prince Signature of Registered Age	,	its registered office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	nic Signature of Registered Age	ent	
n the Stat SIGNATU	e of Florida. RE: Electro S AND DIREC	nic Signature of Registered Age CTORS:) Delete JOE NING PLACE	ent	Date
n the Stat BIGNATU DFFICER itle: lame: laddress: itty-St-Zip: ittle: lame: lame: laddress:	Electrons S AND DIRECT VP (LINGELBACH 8013 SE MORE HOBE SOUNDER), NICE	nic Signature of Registered Age CTORS:) Delete , JOE , NING PLACE 0, FL 33455) Delete CK ANDOME DRIVE	ent ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU DFFICER ittle: lame: .ddress:	RE: Electro S AND DIRECT VP (LINGELBACH 8013 SE MOR HOBE SOUND P (SCUDERI, NIC 12463 SE PLA HOBE SOUND VP (HINTON, GEN	nic Signature of Registered Age CTORS:) Delete JOE NING PLACE D, FL 33455) Delete CK NDOME DRIVE D, FL 33455) Delete E ANDOME DRIVE E ANDOME DRIVE E ANDOME DRIVE	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECTOR () Change () Addition D (X) Change () Addition SIDEBOTTOM, WES 12440 SE PLANDOME DRIVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GUERRERA P 04/27/2009