

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90054 016 ***150.00

DOCUMENT # P00000003244

1. Entity Name
ISLAMORADA COTTAGES, INC.



Principal Place of Business
**3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406**

Mailing Address
**3540 FOREST HILL BLVD #203
WEST PALM BEACH, FL 33406**

2. Principal Place of Business - No P.O. Box #

**2655 No Ocean Dr
Suite, Apt. #, etc.
310**

3. Mailing Address

**2655 No Ocean Dr
Suite, Apt. #, etc.
310**

04062007 Chg-P CR2E034 (12/06)

City & State
Singer Island FL

City & State
Singer Island FL

4. FEI Number
58-2516249

Applied For
Not Applicable

Zip
33404

Country
US

Zip
33404

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DENTRY, DEBORAH A
3540 FOREST HILL BLVD #203
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name
George W Heaton

Street Address (P.O. Box Number is Not Acceptable)
2655 No Ocean Dr

310

City
Singer Island

FL

Zip Code
33404

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

George Heaton

George W Heaton

4/6/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
VPST ☐ Delete
NAME
DENTRY, DEBORAH A
STREET ADDRESS
3540 FOREST HILL BLVD #203
CITY-ST-ZIP
WEST PALM BEACH, FL 33409

TITLE
P ☐ Delete
NAME
HEATON, GEORGE W
STREET ADDRESS
2655 N. OCEAN DR #310
CITY-ST-ZIP
SINGER ISLAND, FL 33404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: **Deborah A Dentry** **Deborah A Dentry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 **5614334810**

Date Daytime Phone #