

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90107 030 \*\*\*150.00

**DOCUMENT # P02000127355**

1. Entity Name  
THE COTTAGES ON LAKE OSPREY, INC.



Principal Place of Business  
4915 SOUTHFORK DRIVE  
LAKELAND, FL 33813

Mailing Address  
4915 SOUTHFORK DRIVE  
LAKELAND, FL 33813

40056643



**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
40-0054111

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JACOBS, DALE G  
4915 SOUTHFORK DRIVE  
LAKELAND, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JACOBS, DALE G  
STREET ADDRESS 4915 SOUTHFORK DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE VPD  
NAME SWARTZWELDER, TERRY  
STREET ADDRESS 4915 SOUTHFORK DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06

863-648-1877