

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15386** (8)
1. Corporation Name
THE CORMORANT LANDING OWNERS ASSOCIATION, INC.



Principal Place of Business: 2215 EAST STATE ROAD, YULEE FL 32097, US
Mailing Address: P.O. BOX 1408, FERNANDINA BEACH FL 32035-1408, US

3. Date Incorporated or Qualified: 06/12/1986
3a. Date of Last Report: 04/24/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-2386851 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | YULEE FL | | YULEE FL | | <input type="checkbox"/> | |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | 32097-1987 | | 32097-1987 | | <input type="checkbox"/> | |
| 24 | Country | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | US | 30 | US | | | |

| | | | | | | | |
|--|--|-------|----|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POWELL, TERRELL J 1890 S 14TH ST, STE 105 2215 EAST STATE ROAD 200 YULEE FL 32097 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 2215 EAST STATE ROAD 200 | | | |
| | | | | 84 | City | 85 | Zip Code |
| | | YULEE | FL | 32097 | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|-----------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | JOHNS, KENNETH | 1.2 NAME | DANIEL CURRAN |
| STREET ADDRESS | 3030 HARTLEY RD., SUTIE 290 | 1.3 STREET ADDRESS | 12065 CRANEFoot DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | VDP | 2.1 TITLE | VD |
| NAME | COX, ELINORE C. | 2.2 NAME | JAMES DINEEN |
| STREET ADDRESS | 3030 HARTLEYRD STE 290 | 2.3 STREET ADDRESS | 12117 CATTAIL DRIVE W |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | SD | 3.1 TITLE | STD |
| NAME | DUNBAR, DEBORAH H. | 3.2 NAME | JOHN REZSONYA |
| STREET ADDRESS | 3030 HARTLEY RD STE 290 | 3.3 STREET ADDRESS | 12158 CATTAIL LANE |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | | 4.1 TITLE | D |
| NAME | | 4.2 NAME | WAYNE JOHNSON |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 12026 CRANEFoot DRIVE |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | | 5.1 TITLE | D |
| NAME | | 5.2 NAME | LINDA GILBERTSON |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 12156 CATTAIL DRIVE W |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | | 6.1 TITLE | VD |
| NAME | | 6.2 NAME | Frank Corrado |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 3725 Cattail Drive S |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Jacksonville FL |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel R Curran DANIEL R CURRAN 2/5/96 904/646-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)