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04-29-1999 90115 029 ****61.25

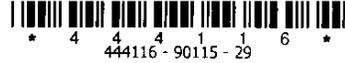
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15386

1. Corporation Name
THE CORMORANT LANDING OWNERS ASSOCIATION, INC.

Principal Place of Business 2215 EAST STATE ROAD YULEE FL 32097 US	Mailing Address PO BOX 1987 YULEE FL 32041-1987 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip Country	3. Date Incorporated or Qualified 06/12/1986	4. FEI Number 59-2386851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POWELL, TERRELL J 2215 EAST STATE ROAD 200 YULEE FL 32097				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

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 _____ DATE _____
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRAN, DANIEL	1.2 NAME	KAY, CINDY
STREET ADDRESS	12065 CRANEFoot DR	1.3 STREET ADDRESS	12214 LASHBROOK COURT
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, SONIA	2.2 NAME	
STREET ADDRESS	12216 REEDPOND DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZSONYA, JOHN	3.2 NAME	
STREET ADDRESS	12158 CATTAIL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, PATRICK	4.2 NAME	WEBB, SANDRA
STREET ADDRESS	3672 CATTAIL DR S	4.3 STREET ADDRESS	3659 MOSSWOOD COURT
CITY-ST-ZIP	JACKSONVILLE FL 32223	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALYOU, PHIL	5.2 NAME	YOUNG, CHARLES
STREET ADDRESS	3752 CATTAIL DR. S.	5.3 STREET ADDRESS	12201 REEDPOND DR WEST
CITY-ST-ZIP	JACKSONVILLE FL 32223	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32223
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALISH, ROBERT	6.2 NAME	
STREET ADDRESS	12264 OKAWANA COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered.

SIGNATURE: SIGNATURE OF SONIA OLSON 3-24-99 914-292-112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)