

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90048 016 \*\*\*\*61.25

**DOCUMENT # N15386**

1. Entity Name

**THE CORMORANT LANDING OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2215 EAST STATE ROAD  
 YULEE FL 32097  
 US

PO BOX 1987  
 YULEE FL 32041-1987  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2386851**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, TERRELL J**  
**2215 EAST STATE ROAD 200**  
**YULEE FL 32097**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAY, CINDY</b>	
STREET ADDRESS	<b>12214 LASHBROOK COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OLSON, SONIA</b>	
STREET ADDRESS	<b>12216 REEDPOND DR W</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>REZSONYA, JOHN</b>	
STREET ADDRESS	<b>12158 CATTAIL LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEBB, SANDRA</b>	
STREET ADDRESS	<b>3659 MOSSWOOD COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YOUNG, CHARLES</b>	
STREET ADDRESS	<b>12201 REEDPOND DR WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KALISH, ROBERT</b>	
STREET ADDRESS	<b>12264 OKAWANA COURT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Katherine bowius</b>	
STREET ADDRESS	<b>12232 Lashbrooke Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D. Gerry Turkowski</b>	
STREET ADDRESS	<b>12226 Lashbrooke Ct.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donna Mathis</b>	
STREET ADDRESS	<b>3746 Cattail Dr. S</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>	

12. 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 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 617, 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: *Sandra Webb* SANDRA WEBB

5/24/00

904/225-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #