2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N15386

Entity Name: THE CORMORANT LANDING OWNERS ASSOCIATION, INC.

FILED Dec 07, 2023 Secretary of State 8759157298CC

Current Principal Place of Business:

C/O THE CAM TEAM, INC. 2233 PARK AVENUE, SUITE 103 ORANGE PARK, FL 32073

Current Mailing Address:

C/O THE CAM TEAM, INC. 2233 PARK AVENUE, SUITE 103 ORANGE PARK, FL 32073 US

FEI Number: 59-2735627 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE CAM TEAM, INC. 2233 PARK AVENUE, SUITE 103 ORANGE PARK, FL 32073 US

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: AMBER CARY 12/07/2023

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

Officer/Director Detail:

City-State-Zip:

Title Title **TREASURER**

REZSONYA, JOHN BOWEN, JAMES Name Name

Address C/O THE CAM TEAM, INC. C/O THE CAM TEAM, INC. Address

2233 PARK AVENUE, SUITE 103 2233 PARK AVENUE, SUITE 103 ORANGE PARK FL 32073 ORANGE PARK FL 32073

Title SECRETARY Title DIRECTOR MILLS, BILL Name SELLNER, LORI Name

C/O THE CAM TEAM, INC. C/O THE CAM TEAM, INC. Address Address

> 2233 PARK AVENUE, SUITE 103 2233 PARK AVENUE, SUITE 103

ORANGE PARK FL 32073 ORANGE PARK FL 32073 City-State-Zip: City-State-Zip:

Title Title **DIRECTOR**

CRIST, SAM YANCHUNAS, LAUREN Name Name

C/O THE CAM TEAM, INC. C/O THE CAM TEAM, INC. Address Address

2233 PARK AVENUE, SUITE 103 2233 PARK AVENUE, SUITE 103

City-State-Zip: ORANGE PARK FL 32073 City-State-Zip: ORANGE PARK FL 32073

Title **DIRECTOR** Name SNEED, BRIAN

Address C/O THE CAM TEAM

2233 PARK AVE, SUITE 103

City-State-Zip: ORANGE PARK FL 32073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

12/07/2023 SIGNATURE: JAMES BOWEN PD