

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 002 ****61.25

DOCUMENT # 756480

1. Entity Name
LORA POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 10808
PENSACOLA, FL 32524-0808 US

Mailing Address
PO BOX 10808
PENSACOLA, FL 32524-0808 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2392799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VIVIANO, SAM A.
226 SO PALAFOX STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name **CUTRONE, FRANKLYN**

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

8509 PUNTA LORA

City **PENSACOLA**

FL

Zip Code **32514**

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 *Franklyn Cutrone*
Signature, typed or printed name of registered agent and title if applicable.

FRANKLYN CUTRONE, TREAS.

4/23/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ORGAIN, BETSY	
STREET ADDRESS	8510 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARKS, CAROL	
STREET ADDRESS	8505 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TROVAS, MILT	
STREET ADDRESS	8514 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, CARL	
STREET ADDRESS	8516 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, KEN	
STREET ADDRESS	8505 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYKES, RAY	
STREET ADDRESS	5017 BARRANCA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUTRONE, FRANKLYN	
STREET ADDRESS	8509 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, BRUCE	
STREET ADDRESS	8508 PUNTA LORA	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input 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		

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 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: *Franklyn Cutrone* **FRANKLYN CUTRONE** **4/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #