

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756480

FILED  
Apr 11, 2009  
Secretary of State

**Entity Name:** LORA POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 10808  
PENSACOLA, FL 325240808 US

**New Principal Place of Business:**

8509 PUNTA LORA  
PENSACOLA, FL 32514 US

**Current Mailing Address:**

PO BOX 10808  
PENSACOLA, FL 325240808 US

**New Mailing Address:**

8509 PUNTA LORA  
PENSACOLA, FL 32514 US

**FEI Number:** 59-2392799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUTRONE, FRANKLYN  
8509 PUNTA LORA  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: PARKS, KEN  
Address: 8505 PUNTA LORA  
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete  
Name: SYKES, RAY  
Address: 5017 BARRANCA LORA  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: MILLS, BRUCE  
Address: 8508 PUNTA LORA  
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Change (X) Addition  
Name: CUTRONE, FRANKLYN  
Address: 8509 PUNTA LORA  
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANKLYN CUTRONE

TD

04/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date