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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # 759180 (3)

1. Corporation Name
CORMORANT POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2222 GOLF HAMMOCK DRIVE SEBRING FL 33872 US	P.O. BOX 1842 SEBRING FL 33871-1842 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1981
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2177796 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2921 SUMMERTREE DRIVE	26 2324 GOLF HAMMOCK CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEBRING FL	28 City & State: SEBRING, FL
24 Zip: 33872 25 Country: USA	29 Zip: 33872 30 Country: USA

9. Name and Address of Current Registered Agent

~~YUKNIS, FLORENCE J.~~
~~2222 GOLF HAMMOCK DRIVE~~
~~SEBRING FL 33872~~

10. Name and Address of New Registered Agent

81 Name: SNYDER, DUANE W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2921 SUMMERTREE DR
84 City: SEBRING FL 85 Zip Code: 33872

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Duane W. Snyder DUANE W. SNYDER 3/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☒ Change ☒ Addition
NAME	REUBEN, KOEHLER	1.2 NAME	SNYDER, DUANE W.	
STREET ADDRESS	3811 CORMORANT POINT DR	1.3 STREET ADDRESS	2921 SUMMERTREE DR.	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	SEBRING FL 33872-4434	
TITLE	VD	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	FENO, TONY	2.2 NAME	STEWART, ELIZABETH	
STREET ADDRESS	3328 WATERWOOD DR	2.3 STREET ADDRESS	3704 GOLF HAVEN TERRACE	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	~~SD~~	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~YUKNIS, FLORENCE J.~~	3.2 NAME	HELDLING, MILDRED	
STREET ADDRESS	~~3504 GOLF HAVEN TERR~~	3.3 STREET ADDRESS	1910 WATERWOOD DR.	
CITY-ST-ZIP	~~SEBRING FL~~	3.4 CITY-ST-ZIP	SEBRING FL 33872	
TITLE	~~TD~~	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~SOUTHARD, ELEANOR~~	4.2 NAME	YANCEY, RICHARD	
STREET ADDRESS	~~3009 SUGARPINE CIRCLE~~	4.3 STREET ADDRESS	2914 SUGARPINE CIRCLE	
CITY-ST-ZIP	~~SEBRING FL~~	4.4 CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SPARKS, JIM	5.2 NAME		
STREET ADDRESS	2924 SUGARPINE CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP		
TITLE	~~D~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~RAINES, PAUL~~	6.2 NAME		
STREET ADDRESS	~~0108 WATERWOOD DRIVE~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~SEBRING FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Duane W. Snyder DUANE W. SNYDER 3/14/95 941 471 0826
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0088331