

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759180

1. Entity Name

CORMORANT POINT HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90004 036 ****61.25

Principal Place of Business

Mailing Address

2224 GOLF HAMMOCK CIRCLE
SEBRING FL 33872-209
US

2224 GOLF HAMMOCK CIRCLE
SEBRING FL 33872-1209
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRALL, VIRGINIA D
2224 GOLF HAMMOCK CIRCLE
SEBRING FL 33872

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
THRALL, VIRGINIA D
2906 SUGARPINE CR
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRANK MERENDA
3012 SUGARPINE CR
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
- ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANCIS KEBBERLY
3405 CORMORAN POINT DR
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALICE M FRASER
3506 WATERWOOD DR
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SPARKS, JIM
2924 SUGARPINE CIR
SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
- ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HUGHES, BESSIE
3405 GOLF HAVEN TERRACE
SEBRING FL 33872 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Virginia D. Thrall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/99 863-382-8360