

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90005 048 ****61.25

DOCUMENT # 759180

1. Entity Name

CORMORANT POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**2224 GOLF HAMMOCK CIRCLE
 SEBRING FL 33872-209
 US**

Mailing Address

**2224 GOLF HAMMOCK CIRCLE
 SEBRING FL 33872
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

FLORENCE R VITALE

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

2224 GOLF HAMMOCK DR

City

SEBRING

FL

Zip Code

33872

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 *Florence R Vitale*

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	PD FRANK MERENDA 3012 SUGARPINE CR SEBRING FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, DON 2932 SUGARPINE CIRCLE SEBRING FL 33872	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPARKS, JIM 2924 SUGARPINE CIR SEBRING FL	☐ Delete
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		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLORENCE R VITALE 3016 SUGARPINE CIR SEBRING FL 33872	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)