2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 759180

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

Principal Place of Business	Mailing Address
2224 GOLF HAMMOCK CIRCLE SEBRING, FL 33872-209 US	2224 GOLF HAMMOCK CIRCLE SEBRING, FL 33872 US

01082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

VITALE, FLORENCE R
2224 GOLF HAMMOCK CIRCLE
SEBRING, FL 33872

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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 FLORENCE R VITALE Florence R Vitale 2-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	VITALE, FLORENCE R
STREET ADDRESS	3016 SUGARPINE CIR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	PD
NAME	FRANK MERENDA
STREET ADDRESS	3012 SUGARPINE CR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VD
NAME	SPARKS, JIM
STREET ADDRESS	2924 SUGARPINE CIR
CITY-ST-ZIP	SEBRING, FL
TITLE	SD
NAME	HUGHES, BESSIE
STREET ADDRESS	3405 GOLF HAVEN TERRACE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/17/05-80025-020 61.25

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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: Florence R Vitale FLORENCE R. VITALE 2-12-05 863-471-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #