

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759180

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** CORMORANT POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2224 GOLF HAMMOCK CIRCLE  
SEBRING, FL 33872209 US

**New Principal Place of Business:**

**Current Mailing Address:**

2224 GOLF HAMMOCK CIRCLE  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 59-2177796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BEATTY, NANCY  
2224 GOLF HAMMOCK CIRCLE  
SEBRING, FL 33872 US

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: NANCT BEATTY

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: VITALE, FLORENCE R  
Address: 3016 SUGARPINE CIR  
City-St-Zip: SEBRING, FL 33872

Title: PD ( ) Delete  
Name: RIVENES, BOB  
Address: 3407 GOLF HAVEN TERR  
City-St-Zip: SEBRING, FL 33872

Title: VD ( ) Delete  
Name: FOX, STEVE  
Address: 3414 GOLF HAVEN TERR  
City-St-Zip: SEBRING, FL 33872

Title: SD ( ) Delete  
Name: MILLER, LORRAINE  
Address: 3413 WATERWOOD DR  
City-St-Zip: SEBRING, FL 33872

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

Title: TD (X) Change ( ) Addition  
Name: BEATTY, NANCY  
Address: 3308 CORMORANT POINT DRIVE  
City-St-Zip: SEBRING, FL 33872

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

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

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

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: NANCY BEATTY

TD

01/30/2009

Electronic Signature of Signing Officer or Director

Date