


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004705

1. Entry Name
CATHEDRAL PINES II, SECTION ONE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2815 ST CHARLES CT TITUSVILLE, FL 32780	Mailing Address 2815 ST CHARLES CT TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3112704	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VITUCCI, PAUL
 2815 ST CHARLES CT
 TITUSVILLE, FL 32780**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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

UN0000197369
 01/27/05-80009-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP VITUCCI, PAUL 2815 ST CHARLES CT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY ST ZIP	DV MILLER, AMY 2870 ST MARKS DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	DS LOWRY, KEN 2800 ST CHARLES CT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY ST ZIP	DT SIZEMORE, MARGARET 2860 ST MARKS DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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: Margaret Sizemore 1/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #