

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N03000004705**

1. Entity 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**



01192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

UN00000197369  
01/27/05-80009-012 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	VITUCCI, PAUL
STREET ADDRESS	2815 ST CHARLES CT
CITY ST ZIP	TITUSVILLE, FL 32780

TITLE	DV
NAME	MILLER, AMY
STREET ADDRESS	2870 ST MARKS DR
CITY ST ZIP	TITUSVILLE, FL

TITLE	OS
NAME	LOWRY, KEN
STREET ADDRESS	2800 ST CHARLES CT
CITY ST ZIP	TITUSVILLE, FL 32780

TITLE	DT
NAME	SIZEMORE, MARGARET
STREET ADDRESS	2860 ST MARKS DR
CITY ST ZIP	TITUSVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #