


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 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
---	---



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112704	Applied For Not Applicable
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
--

**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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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	

U00000393637
01/25/06-80029-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any other like empowered.

SIGNATURE: *Margaret Sizemore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06
Date

321-269-1855
Daytime Phone #