

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2007
Secretary of State**

DOCUMENT# N03000004705

Entity Name: CATHEDRAL PINES II, SECTION ONE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2815 ST CHARLES CT
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2815 ST CHARLES CT
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3112704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VITUCCI, PAUL
Address: 2815 ST CHARLES CT
City-St-Zip: TITUSVILLE, FL 32780

Title: DV () Delete
Name: MILLER, AMY
Address: 2870 ST MARKS DR
City-St-Zip: TITUSVILLE, FL

Title: DS () Delete
Name: LOWRY, KEN
Address: 2800 ST CHARLES CT
City-St-Zip: TITUSVILLE, FL 32780

Title: DT () Delete
Name: SIZEMORE, MARGARET
Address: 2860 ST MARKS DR
City-St-Zip: TITUSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: PAUL VITUCCI

DP

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date