

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004705

FILED  
Jan 16, 2012  
Secretary of State

**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:**

2815 ST CHARLES CT  
TITUSVILLE, FL 32780 US

**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  
Name: VITUCCI, PAUL  
Address: 2815 ST CHARLES CT  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DS  
Name: MILLER, AMY  
Address: 2870 ST MARKS DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DT  
Name: SIZEMORE, MAGI  
Address: 2860 ST MARKS DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DV  
Name: FERNSTROM, TOM  
Address: 4875 WINCHESTER DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL C VITUCCI

PRES

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date