

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29409

FILED
Apr 10, 2007
Secretary of State

Entity Name: CORMORANT CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O BOX 600811
JACKSONVILLE, FL 322600811 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 600811
JACKSONVILLE, FL 322600811 US

New Mailing Address:

FEI Number: 59-2956116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, GARY
3346 DIVIDING OAKS COURT
JACKSONVILLE, FL 32223 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: D () Delete
Name: RICHARDS, PAT
Address: 12212 DIVIDING OAKS TR E
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT () Delete
Name: LOCKWOOD, GARY
Address: 3346 DIVIDING OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS () Delete
Name: KEYSER, DEBBIE
Address: 3311 SCRUB OAK LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: FREES, EDWARD
Address: 12085 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: FREES, MARINA
Address: 12085 DIVIDING OAKS TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHARDS, DON
Address: 12212 DIVIDING OAKS TR E
City-St-Zip: JACKSONVILLE, FL 32223

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:

Title: DVP () Change (X) Addition
Name: LINK, BARBARA
Address: 3335 SCRUB OAK LANE
City-St-Zip: JACKSONVILLE, FL 32223

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: GARY LOCKWOOD

DT

04/10/2007

Electronic Signature of Signing Officer or Director

Date