

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29409

**FILED**  
**Jan 05, 2012**  
**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:** DT  
**Name:** LOCKWOOD, GARY  
**Address:** 3346 DIVIDING OAKS CT  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** DP  
**Name:** WILLIAMS, MARK  
**Address:** 3318 SCRUB OAK LANE  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** DS  
**Name:** HOLLIFIELD, CELIA  
**Address:** 12103 DIVIDING OAKS TRAIL E  
**City-St-Zip:** JACKSONVILLE, FL 32223

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

**Title:** D  
**Name:** LECAIN, DAWN  
**Address:** 12180 DIVIDING OAKS TRAIL W  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** DVP  
**Name:** LINK, BARBARA  
**Address:** 3335 SCRUB OAK LANE  
**City-St-Zip:** JACKSONVILLE, FL 32223

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:** GARY LOCKWOOD

TREA

01/05/2012

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

\_\_\_\_\_  
Date