

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90044 040 ****61.25

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1. Entity Name

NORSTAR COVE VILLAS I ASSOCIATION, INC.



Principal Place of Business

3907 CATALINA DR
SEBRING FL 33872
US

Mailing Address

3907 CATALINA DR
SEBRING FL 33872
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0582188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENSTERMAKER, JAMES
3905 CATALINA DR
SEBRING FL 33872

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FENSTERMAKER, JAMES	
STREET ADDRESS	3905 CATALINA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	P	<input type="checkbox"/> Delete
NAME	WIESLER, PAUL	
STREET ADDRESS	3757 CATALINA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, JUDINE	
STREET ADDRESS	3807 CATALINA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RANO, NAN	
STREET ADDRESS	3943 CATALINA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITLATCH, RAY	
STREET ADDRESS	3923 CATALINA DR	
CITY-ST-ZIP	SEBRING FL 33872	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY McBroom	
STREET ADDRESS	3911 CATALINA DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL Howard	
STREET ADDRESS	3807 CATALINA DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Mize	
STREET ADDRESS	3919 CATALINA DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN GARDNER	
STREET ADDRESS	3925 CATALINA DR	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

J. K. McBroom, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05 385-7656
Date Daytime Phone #