

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 005 ****61.25

DOCUMENT # N94000003682

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

00010000



2. Principal Place of Business

4508 MYRTLE BEACH DR

Suite, Apt. #, etc.

3. Mailing Address

4508 MYRTLE BEACH DR

Suite, Apt. #, etc.

02092006 Chg-NP CR2E037 (11/05)

City & State

SEBRING, FL

Zip **33872**

Country **US**

City & State

SEBRING, FL

Zip **33872**

Country **US**

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

FENSTERMAKER, JAMES
3905 CATALINA DR
SEBRING, FL 33872

7. Name and Address of New Registered Agent

Name **JERRY MCBROOM**
Street Address (P.O. Box Number is Not Acceptable)

3911 CATALINA DR.

City **SEBRING**

FL

Zip Code **33872**

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

Filing Fee is \$61.25
Due by May 1, 2006

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**
NAME **MCBROOM, JERRY** ☐ Delete
STREET ADDRESS **3911 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **P**
NAME **WIESLER, PAUL** ☒ Delete
STREET ADDRESS **3757 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **ST**
NAME **HOWARD, AL** ☐ Delete
STREET ADDRESS **3807 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D**
NAME **MIZE, BOB** ☐ Delete
STREET ADDRESS **3919 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D**
NAME **GARDENER, VIVIAN** ☐ Delete
STREET ADDRESS **3923 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**
NAME **JERRY MCBROOM** ☒ Change ☐ Addition
STREET ADDRESS **3911 CATALINA DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME **AL HOWARD** ☐ Change ☐ Addition
STREET ADDRESS **3807 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VP**
NAME **BOB MIZE** ☒ Change ☐ Addition
STREET ADDRESS **3919 CATALINA DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D**
NAME **SALLY WAKEFIELD** ☐ Change ☒ Addition
STREET ADDRESS **3763 CATALINA DR.**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

AL Howard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06

863-382-1803

Date

Daytime Phone #