2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90069 050 ****61.25

DOCUMENT # N94000003682

1. Entity Name
NORSTAR COVE VILLAS I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4508 MYRTLE BEACH DR SEBRING, FL 33872 US	4508 MYRTLE BEACH DR SEBRING, FL 33872 US

02092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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
MCBROOM, JERRY 3911 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCBROOM, JERRY 3911 CATALINA DR SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HOWARD, AL 3807 CATALINA DR SEBRING, FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WAKEFIELD, SALLY 3765 CATALINA DR SEBRING, FL 33872	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MIZE, BOB 3919 CATALINA DR SEBRING, FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GARDNER, VIVIAN 3923 CATALINA DR SEBRING, FL 33872	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDENER, VIVIAN 3923 CATALINA DR SEBRING, FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWANNEKE, BOB 3761 CATALINA DR. SEBRING, FL 33872	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAKEFIELD, SALLY 3765 CATALINA DR SEBRING, FL 33872	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGART, KAREEN 3813 CATALINA DR SEBRING, FL 33872	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ J.K. McBroom 2-9-07 863-385-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #