

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003682

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** NORSTAR COVE VILLAS I ASSOCIATION, INC.

**Current Principal Place of Business:**

4508 MYRTLE BEACH DR  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

4508 MYRTLE BEACH DR  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 65-0582188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD, JUDINE  
3807 CATALINA DR.  
SEBRING, FL 33872 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:** PRES  
**Name:** STRONG, JOHN  
**Address:** 3805 CATALINA DR  
**City-St-Zip:** SEBRING, FL 33872

**Title:** ST  
**Name:** HOWARD, JUDINE  
**Address:** 3807 CATALINA DR  
**City-St-Zip:** SEBRING, FL 33872

**Title:** VP  
**Name:** COVERT, GARY  
**Address:** 3905 CATALINA DR  
**City-St-Zip:** SEBRING, FL 33872

**Title:** D  
**Name:** WHITLATCH, RITA  
**Address:** 3913 CATALINA DR  
**City-St-Zip:** SEBRING, FL 33872

**Title:** D  
**Name:** BRAZINSKI, PAUL  
**Address:** 3761 CATALINA DR  
**City-St-Zip:** SEBRING, FL 33872

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:** JUDINE HOWARD

SECY

02/10/2011

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

\_\_\_\_\_  
Date