2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2003 8:00 am Secretary of State **DOCUMENT # 737102** 1. Entity Name 03-03-2003 90972 033 ****61.25 CORTEZ VILLAS CONDOMINIUM 4 ASSOCIATION, INC. Principal Place of Business Mailing Address % JAMES GODDARDE DR. W. % JAMES GODDARDE DR. W. 6108 26TH ST. W., SUITE 4 6108 26TH ST, W., SUITE 4 **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1713102 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GODDARD CPA PA, JAMES Street Address (P.O. Box Number is Not Acceptable) 6108 26TH ST W STE 4 BRADENTON FL 34207 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PSD TITI F P5D Delete TITLE. Change Addition Barbara Pollard NAME **BOCK, GERALD** NAME 4007 34TH Ave. Dr. W. STREET ADDRESS 3403 40TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-7IP Brodenton FL 34205 SD TITLE Delete TITLE ☐ Change 🗶 Addition Rosemary Rawley 4009 34Th Ave. Dr. W. GATES, MARY NAME NAME STREET ADDRESS 3502 38TH ST DR W STREET ADDRESS CiTY-ST-ZIP BRADENTON FL CITY-ST-ZIP <u>Bradenton</u>, FL 34205 TITLE X Defete TITLE Change Addition KRUEGER, JAMES STREET ADDRESS 3404 40TH ST. W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

FILED