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04-23-1999 90016 034 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744259

1. Corporation Name

CORTEZ VILLAS CONDOMINIUM 7 ASSOCIATION, INC.

Principal Place of Business

4208 34TH AVE. DR. W.
 BRADENTON FL 34205
 US

Mailing Address

4208 34TH AVE. DR. W.
 BRADENTON FL 34205
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/12/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1846257

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WILSON, MARY
 4208 34TH AVE. DR. W.
 BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
 NAME **MCCLINTOCK, JAMES**
 STREET ADDRESS **4203 35 AVE DR W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** DELETE
 NAME **BROOKS, JANE**
 STREET ADDRESS **4206-35TH AVE., W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **S** DELETE
 NAME **WILSON, MARY**
 STREET ADDRESS **4208 34TH AVE. DR. W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** DELETE
 NAME **FRASER, NILSA**
 STREET ADDRESS **4201 33 AVE DR W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** DELETE
 NAME **LOWDERMILK, REBECCA**
 STREET ADDRESS **4203 34TH AVE DR W**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **D** DELETE
 NAME **DYKE, H**
 STREET ADDRESS **4201 34TH AVE DR W**
 CITY-ST-ZIP **BRADENTON FL 34205**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change Addition
 1.2 NAME **BRUST, JOAN**
 1.3 STREET ADDRESS **4212 34th Ave Dr West**
 1.4 CITY-ST-ZIP **BRADENTON, FL. 34205**

2.1 TITLE **VP/D** Change Addition
 2.2 NAME **Putney, Ruth**
 2.3 STREET ADDRESS **4210 35 Ave West**
 2.4 CITY-ST-ZIP **BRADENTON, FL. 34205**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE **Director** Change Addition
 4.2 NAME **Plotzke, Joseph**
 4.3 STREET ADDRESS **4202 34th Ave DR W.**
 4.4 CITY-ST-ZIP **BRADENTON, FL. 34205**

5.1 TITLE **T/D** Change Addition
 5.2 NAME **Lowdermilk, Rebecca**
 5.3 STREET ADDRESS **4203 34th Ave. DR. W.**
 5.4 CITY-ST-ZIP **BRADENTON, FL 34205**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Wilson** *Mary Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99 **941-745-6866**

Date

Daytime Phone #

CR2E037 (1/198)