

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90236 013 \*\*\*\*61.25

**DOCUMENT # 744259**

1. Entity Name

**CORTEZ VILLAS CONDOMINIUM 7 ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**4208 34TH AVE. DR. W.  
 BRADENTON FL 34205-1114  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1846257**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_

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

(NOTE Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BRUST, JOAN</b>	
STREET ADDRESS	<b>4212 34TH AVE DR WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PATNEY, RUTH</b>	
STREET ADDRESS	<b>4210 35TH AVE WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WILSON, MARY</b>	
STREET ADDRESS	<b>4208 34TH AVE. DR. W.</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PLOTZKE, JOSEPH</b>	
STREET ADDRESS	<b>4202 34TH AVE DR WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LOWDERMILK, REBECCA</b>	
STREET ADDRESS	<b>4203 34TH AVE DR W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOWDERMILK, REBECCA</b>	
STREET ADDRESS	<b>4203 34TH AVE DR WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34205</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D DeRocha, JANE</b>	
STREET ADDRESS	<b>4209 33RD AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Mary Wilson* **MARY WILSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/00* **3/31/00** *941-756-7339*  
 Date Daytime Phone #

CR2E037 (9/99)