


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90016 021 ****61.25

DOCUMENT # 744259

1. Entity Name
CORTEZ VILLAS CONDOMINIUM 7 ASSOCIATION, INC.




Principal Place of Business Mailing Address
4208 34TH AVE. DR. W. **4208 34TH AVE. DR. W.**
BRADENTON, FL 34205 US **BRADENTON, FL 34205 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4210 35th AVENUE WEST **4210 35th AVENUE WEST**
 Suba, Apt. #, etc. Suba, Apt. #, etc.

City & State City & State
BRADENTON, FLORIDA **BRADENTON, FLORIDA**
 Zip Country Zip Country
34205 **MANATEE** **34205** **MANATEE**

400000



04072008 Chg-NP CR2ED37 (12/06)

4. FEI Number Applied For
59-1848257 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

8. 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 **MARGARET-SNIDOW**
 Street Address (P.O. Box Number is Not Acceptable)
4210 35th AVENUE WEST
 City **BRADENTON** FL Zip Code **34205**

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: *Margaret Snidow* 4-7-08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to
 Due by May 1, 2008 Trust Fund Contribution. Added to Fees 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 BRUST, JOAN 4212 34TH AVE DR WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNIDOW, MARGARET 4210 35th AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, MARY 4208 34TH AVE. DR. W. BRADENTON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAGORSKI, DEBORAH 4207 33rd AVENUE DRIVE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWDERMILK, REBECCA 4203 34TH AVE DR WEST BRADENTON, FL 34205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNYDER, JOHN 4206 35th AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNLAP, CONSTANCE 4208 35th AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, MARGIE 4209 34th AVENUE DRIVE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILLSBURY, INEZ 4211 35th AVENUE WEST BRADENTON, FL 34205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 registrar 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 fees empowered.

SIGNATURE: *Margaret Snidow* 4-7-08
Signature typed or printed name of signing officer or director Date Daytime Phone #