

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90003 047 ****61.25

DOCUMENT # 765820

1. Entity Name

CORKSCREW WOODLANDS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21600 CORKSCREW WOODLANDS BLVD.
 ESTERO FL 33928

21600 CORKSCREW WOODLANDS BLVD.
 ESTERO FL 33928-2400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2264345

Applied For

Not Applicable

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT. MYERS FL 33901

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 NAME STREET ADDRESS CITY-ST-ZIP	P TIMMERMAN, PAUL 10953 SNOWY EGRET CIRCLE ESTERO FL 33928	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODY, SHIRLEY 10714 YELLOW RAIL CIRCLE ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARTER, MARY 10722 ROSEATE SPOONBILL CIRCLE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CARL 10931 SNOWY EGRET CIRCLE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SHATTUCK, DONALD 10951 SNOWY EGRET CIRCLE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BROOKS, BILL 10921 LEAST TERN CIRCLE ESTERO FL 33928	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ray Lee 10729 Yellow Rail Circle Esteros, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Don Shattuck 10951 Snowy Egret Circle Esteros, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ray Weick 10701 Roseate Spoonbill Cr. Esteros, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Shirley Woody 10714 Yellow Rail Circle Esteros, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Bill Payne Smith 10831 Black Wiskered Vireo Cr. Esteros, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Bill Baltazor 10701 Everglades Kite Cr. Esteros, FL 33928	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
 Date

(941) 992-3461
 Daytime Phone #