


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90037 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000609
 1. Corporation Name
CORY LAKE ISLES PROPERTY OWNERS ASSOCIATION, INC

* 5 5 9 8 4 6 *
 559846 - 90055 - 13

Principal Place of Business 12001 CORY LAKE BLVD. TAMPA FL 33647	Mailing Address 12001 CORY LAKE BLVD. TAMPA FL 33647
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/03/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3237882
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MOLLOY, DANIEL L 12001 CORY LAKE BLVD. TAMPA FL 33647	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	THOMASON, GENE 12001 CORY LAKES BLVD. TAMPA FL 33647	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	THOMASON, BETTY 12001 CORY LAKES BLVD. TAMPA FL 33647	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> DELETE	BEAUCHAMP, I A 12001 CORY LAKES BLVD. TAMPA FL 33647	3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TAGLIARINO, JUDY 12001 CORY LAKE BLVD. TAMPA, FL 33647
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE REQUIRED *Judy Tagliarino* Date: 1/29/99 (813)986-2679
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Judy Tagliarino

CRZE037 (1/98)