


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90034 018 ****61.25

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1. Entity Name
CORY LAKE ISLES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 3434 COLWELL AVENUE
 SUITE 200
 TAMPA, FL 33614

Mailing Address
 3434 COLWELL AVENUE
 SUITE 200
 TAMPA, FL 33614

00064755



2. Principal Place of Business - No P.O. Box #
9887 4th St. N

3. Mailing Address
9887 4th St N

Suite, Apt. #, etc.
301

City & State
St Pete FL

Zip
33702

Country
Pinellas

03032008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

RIZZETTA & COMPANY, INC.
 3434 COLWELL AVENUE
 SUITE 200
 TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name
Brian K Smith

Street Address (P.O. Box Number is Not Acceptable)
9887 4th Street N

City
St Pete

State
FL

Zip Code
33702

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 **B. R. J. C.** DATE **3-4-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	TAGGART, JANE	17907 BIMINI ISLE COURT	TAMPA, FL 33647	<input type="checkbox"/> Delete
S	TIMSON, PENNY	10822 BARBADOS ISLES DRIVE	TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
T	WRIGHT, RICHARD	18019 COZUMEL DRIVE	TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Jane Taggart	9887 4th Street N # 301	St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ST	Mel Backes	9887 4th Street N # 301	St. Petersburg, FL 33702	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP	Roger Brown	9887 4th Street N # 301	St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input 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 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: **Jane Taggart**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/25/08** Daytime Phone # **813-963-6400**