

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000609

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

9887 4TH STREET N.
#301
SAINT PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

9887 4TH STREET N.
#301
SAINT PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 59-3237882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN K
9887 4TH STREET N
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAGGART, JANE
Address: 9887 4TH STREET N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: S/T () Delete
Name: BACKES, MEL
Address: 9887 4TH ST N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VP () Delete
Name: BROWN, ROGER
Address: 9887 4TH STREET N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAGGART, JANE
Address: 9887 4TH STREET N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD (X) Change () Addition
Name: BECK, JUDI
Address: 9887 4TH ST N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD (X) Change () Addition
Name: JONES, RICHARD
Address: 9887 4TH STREET N #301
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE TAGGART

PD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date