

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005949 (1)

1. Corporation Name
CORTEZ PARK HOMEOWNERS, INC.



Principal Place of Business Mailing Address
% WILLIAM R. KORP. ESQ.
333 S. TAMiami TRAIL STE. 199
VENICE FL 34285

3. Date Incorporated or Qualified **12/14/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 29 Zip 30 Country

4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KORP, WILLIAM R
333 S. TAMiami TRAIL, STE. 199
VENICE FL 34285

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HILTON, WILLIAM K	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, RANDALL L	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURKEEN, WAYMOND	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORANCE, FLOYD E	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAM, GEORGE J	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, RICHARD C	
STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
CITY - ST - ZIP	VENICE FL 34285	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY D. HALE	
1.3 STREET ADDRESS	% 333 S. TAMiami TR., STE 199	
1.4 CITY - ST - ZIP	VENICE FL 34285	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TOM VANNESS	
2.3 STREET ADDRESS	% 333 S. TAMiami TR., STE. 199	
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Richard C. Berry **Richard C. Berry** 6/29/96 941/761-8131 or 608/233-8512
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)