

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005949 (1)**

1. Corporation Name  
**CORTEZ PARK HOMEOWNERS, INC.**



Principal Place of Business <b>% WILLIAM R. KORP. ESQ. 333 S. TAMiami TRAIL, STE. 199 VENICE FL 34285</b>	Mailing Address <b>% WILLIAM R. KORP. ESQ. 333 S. TAMiami TRAIL, STE. 199 VENICE FL 34285-2478</b>
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3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>07/08/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALE, MARY D</b> <b>% 333 S. TAMiami TR., STE. 199</b> <b>VENICE FL 34285</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>BODY, WILLIAM</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANNESS, TOM</b> <b>% 333 S. TAMiami TR., STE. 199</b> <b>VENICE FL 34285</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>COCKERHAM, RICHARD</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAM, GEORGE J</b> <b>% 333 S. TAMiami TR., STE. 199</b> <b>VENICE FL 34285</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>PHILLIPS, RANDALL</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERRY, RICHARD C</b> <b>% 333 S. TAMiami TR., STE. 199</b> <b>VENICE FL 34285</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>CHAPPEL, BILL</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>JENNINGS, PAUL</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>BURKLEN, WAYMOND</b> <b>% 333 S. TAMiami TR., STE. 109</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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 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 **BERRY, RICHARD C.** 3/16/97 941/761-0131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064451

CR2E037 (9/96)