

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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. ESO. 333 S. TAMAMI TRAIL. STE. 199 VENICE FL 34285</b>	Mailing Address <b>% WILLIAM R. KORP. ESO. 333 S. TAMAMI TRAIL. STE. 199 VENICE FL 34285</b>
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3. Date Incorporated or Qualified <b>12/14/1995</b>	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	28 Zip	29 Country

**9. Name and Address of Current Registered Agent**

**KORP, WILLIAM R  
333 S. TAMAMI 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	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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BODY, WILLIAM</b>	1.2 NAME	<b>Huyge, Terry</b>
STREET ADDRESS	<b>C/O 333 SO TAMAMI TRAIL STE 109</b>	1.3 STREET ADDRESS	<b>c/o 333 So Tamiami Trail, Suite 109</b>
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	<b>VENICE, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VANNESS, TOM</b>	2.2 NAME	<b>Chappel, William</b>
STREET ADDRESS	<b>% 333 S. TAMAMI TR., STE. 199</b>	2.3 STREET ADDRESS	<b>c/o 333 So. Tamiami Trail, Suite 109</b>
CITY-ST-ZIP	<b>VENICE FL 34285</b>	2.4 CITY-ST-ZIP	<b>VENICE, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAM, GEORGE J</b>	3.2 NAME	<b>Danzeisen, Dale</b>
STREET ADDRESS	<b>% 333 S. TAMAMI TR., STE. 199</b>	3.3 STREET ADDRESS	<b>c/o 333 So. Tamiami Trail, Suite 109</b>
CITY-ST-ZIP	<b>VENICE FL 34285</b>	3.4 CITY-ST-ZIP	<b>VENICE, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERRY, RICHARD C</b>	4.2 NAME	<b>Kinsel, Donald</b>
STREET ADDRESS	<b>% 333 S. TAMAMI TR., STE. 199</b>	4.3 STREET ADDRESS	<b>c/o 333 So. Tamiami Trail Suite 109</b>
CITY-ST-ZIP	<b>VENICE FL 34285</b>	4.4 CITY-ST-ZIP	<b>VENICE, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENNINGS, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>C/O 333 SO TAMAMI TRAIL STE 109</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKEEN, WAYMOND</b>	6.2 NAME	
STREET ADDRESS	<b>C/O 333 SO TAMAMI TRAIL STE 109</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	6.4 CITY-ST-ZIP	

14. I 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* 3/30/98 941/741-8131

CR2E037 (10/97)