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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005949

1. Corporation Name
CORTEZ PARK HOMEOWNERS, INC.

Principal Place of Business % WILLIAM R. KORP. ESO. 333 S. TAMiami TRAIL. STE. 199 VENICE FL 34285	Mailing Address % WILLIAM R. KORP. ESO. 333 S. TAMiami TRAIL. STE. 199 VENICE FL 34285
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/14/1995	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUYGE, TERRY C/O 333 S TAMiami TRAIL STE 199 VENICE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D KINSEL, DON c/o 333 S. Tamiami Trail, Ste 199 Venice, Fl. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPPEL, WILLIAM C/O 333 S TAMiami TRAIL, STE 109 VENICE FL 34285	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D STRAUB, CLOYED c/o 333 S. Tamiami Trail, Ste 199 Venice, Fl. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZEISEN, DALE C/O 333 S TAMiami TRAIL, STE 199 VENICE FL 34285	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D SHISLER, JACK c/o 333 S. Tamiami Trail, Ste 199 Venice, Fl. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, RICHARD C % 333 S. TAMiami TR., STE. 199 VENICE FL 34285	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D GOUSH, VIRGINIA c/o 333 S. Tamiami Trail, Ste 199 Venice, Fl. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, PAUL C/O 333 SO TAMiami TRAIL STE 109 VENICE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D SWANN, DOYLE c/o 333 S. Tamiami Trail, Ste 199 Venice, Fl. 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKEEN, WAYMOND C/O 333 SO TAMiami TRAIL STE 109 VENICE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: Joselyn B. [Signature] 3-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)