

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90065 001 \*\*\*\*61.25

**DOCUMENT # N95000005949**

1. Entity Name

**CORTEZ PARK HOMEOWNERS, INC.**

Principal Place of Business

Mailing Address

% WILLIAM R. KORP. ESQ.  
 333 S. TAMiami TRAIL, STE. 199  
 VENICE FL 34285

% WILLIAM R. KORP. ESQ.  
 333 S. TAMiami TRAIL, STE. 199  
 VENICE FL 34285-2426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KORP, WILLIAM R**  
**333 S. TAMiami TRAIL, STE. 199**  
**VENICE FL 34285**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUYGE, TERRY</b>		NAME	<b>JUDY KINSEL</b>	
STREET ADDRESS	<b>C/O 333 S TAMiami TRAIL STE 109</b>		STREET ADDRESS	<b>C/O 333 S. TAMiami TR. STE 199</b>	
CITY-ST-ZIP	<b>VENICE FL</b>		CITY-ST-ZIP	<b>VENICE, FL. 34285</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STRAUB, CLOYED</b>		NAME	<b>DAVE HART</b>	
STREET ADDRESS	<b>C/O 333 S TAMiami TRAIL, STE 109</b>		STREET ADDRESS	<b>C/O 333 S. TAMiami TR. STE 199</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP	<b>VENICE, FL. 34285</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHISLER, JACK</b>		NAME	<b>TONY GEGLIO</b>	
STREET ADDRESS	<b>C/O 333 S TAMiami TRAIL, STE 109</b>		STREET ADDRESS	<b>C/O 333 S. TAMiami TR. STE 199</b>	
ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP	<b>VENICE FL. 34285</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOUSH, VIRGINIA</b>		NAME	<b>JUANITA DANZEISEN</b>	
STREET ADDRESS	<b>% 333 S. TAMiami TR., STE. 199</b>		STREET ADDRESS	<b>C/O 333 S. TAMiami TR. STE 199</b>	
ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP	<b>VENICE, FL 34285</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWANN, DOYLE</b>		NAME		
STREET ADDRESS	<b>C/O 333 SO TAMiami TRAIL STE 109</b>		STREET ADDRESS		
ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINSEL, DON</b>		NAME		
STREET ADDRESS	<b>C/O 333 SO TAMiami TRAIL STE 109</b>		STREET ADDRESS		
ST-ZIP	<b>VENICE FL 34285</b>		CITY-ST-ZIP		

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JACK B. SHISLER**  
 SIGNATURE

**3-20-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99