

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90127 010 \*\*\*\*61.25

**DOCUMENT # N95000005949**

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

Principal Place of Business % WILLIAM R. KORP. ESQ. 333 S. TAMiami TRAIL. STE. 199 VENICE FL 34285	Mailing Address % WILLIAM R. KORP. ESQ. 333 S. TAMiami TRAIL. STE. 199 VENICE FL 34285
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **NOT APPLICABLE** Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**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	<b>FL</b>	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE 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**

TITLE NAME KINSEL, JUDY STREET ADDRESS C/O 333 S TAMiami TRAIL STE 109 CITY-ST-ZIP VENICE FL	<input type="checkbox"/> Delete
TITLE NAME HART, DAVE STREET ADDRESS C/O 333 S TAMiami TRAIL, STE 109 CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME SHISLER, JACK STREET ADDRESS C/O 333 S TAMiami TRAIL, STE 109 CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME GEGLIO, TONY STREET ADDRESS % 333 S. TAMiami TR., STE. 199 CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Delete
TITLE NAME SWANN, DOYLE STREET ADDRESS C/O 333 SO TAMiami TRAIL STE 109 CITY-ST-ZIP VENICE FL 34285	<input checked="" type="checkbox"/> Delete
TITLE NAME DANZEISEN, JUANITA STREET ADDRESS C/O 333 SO TAMiami TRAIL STE 109 CITY-ST-ZIP VENICE FL 34285	<input type="checkbox"/> Delete

TITLE NAME <b>PETER RHODES</b> STREET ADDRESS <b>C/O 333 S. TAMiami TRAIL STE 109</b> CITY-ST-ZIP <b>VENICE, FL. 34285</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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*  
**JACK B. SHISLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-30-01**

Date Daytime Phone #

CR2E037 (10/00)