

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90082 038 \*\*\*\*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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>NOT APPLICABLE</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent  <b>KORP, WILLIAM R</b> <b>333 S. TAMiami TRAIL, STE. 199</b> <b>VENICE FL 34285</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KINSEL, JUDY</b> <b>C/O 333 S TAMiami TRAIL STE 109</b> <b>VENICE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>THOMAS OLKOWSKY</b> <b>C/O 333 S. TAMiami TRAIL, STE. 109</b> <b>VENICE, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HART, DAVE</b> <b>C/O 333 S TAMiami TRAIL, STE 109</b> <b>VENICE FL 34285</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>DONALD KINSEL</b> <b>C/O 333 S. TAMiami TRAIL, STE. 109</b> <b>VENICE, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>SHISLER, JACK</b> <b>C/O 333 S TAMiami TRAIL, STE 109</b> <b>VENICE FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GEGLIO, TONY</b> <b>% 333 S. TAMiami TR., STE. 199</b> <b>VENICE FL 34285</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GENE FLOOK</b> <b>C/O 333 S. TAMiami TRAIL, STE. 109</b> <b>VENICE, FL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RHODES, PETER</b> <b>C/O 333 SO TAMiami TRAIL STE 109</b> <b>VENICE FL 34285</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>DANZEISEN, JUANITA</b> <b>C/O 333 SO TAMiami TRAIL STE 109</b> <b>VENICE FL 34285</b>	<input type="checkbox"/> Delete	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** 3-15-02 941-798-3426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)