


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90030 007 ****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

2. Principal Place of Business
240 S. PINEAPPLE AVE

3. Mailing Address
240 S. PINEAPPLE AVE

Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State
SARASOTA, FL.

Zip
34236

Country
SARASOTA

Zip
34236

Country
SARASOTA



03152004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
WILLIAM R. KORP

Street Address (P.O. Box Number is Not Acceptable)
240 S. PINEAPPLE AVE.

City
SARASOTA

FL Zip Code
34236

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, OLKOWSKY <input checked="" type="checkbox"/> Delete C/O 333 S. TAMIAMI TRAIL STE 109 VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DONALD, KINSEL <input checked="" type="checkbox"/> Delete C/O 333 S TAMIAMI TRAIL, STE 109 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHISLER, JACK <input type="checkbox"/> Delete C/O 333 S TAMIAMI TRAIL, STE 109 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE, FLOOK <input type="checkbox"/> Delete C/O 333 S. TAMIAMI TRAIL, STE 109 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, PETER <input checked="" type="checkbox"/> Delete C/O 333 SO TAMIAMI TRAIL STE 109 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANZEISEN, JUANITA <input type="checkbox"/> Delete C/O 333 SO TAMIAMI TRAIL STE 109 VENICE, FL 34285

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERT FLESCH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE. SARASOTA, FL. 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVE MURPHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE. SARASOTA, FL. 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JACK SHISLER <input type="checkbox"/> Change <input type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE. SARASOTA, FL. 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENE FLOOK <input type="checkbox"/> Change <input type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE. SARASOTA, FL. 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANTHONY GEGLIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE. SARASOTA, FL. 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUANITA DANZEISEN <input type="checkbox"/> Change <input type="checkbox"/> Addition C/O 240 S. PINEAPPLE AVE SARASOTA, FL. 34236

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* 3-24-04 941-798-3426
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #