


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90307 047 \*\*\*\*61.25

<b>DOCUMENT # N95000005949</b> 1. Entity Name CORTEZ PARK HOMEOWNERS, INC.					
Principal Place of Business 240 S. PIINEAPPLE AVE. SARASOTA, FL 34236			Mailing Address 240 S. PIINEAPPLE AVE. 333 S. TAMIAMI TRAIL, STE. 199 SARASOTA, FL 34236		
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 NOT APPLICABLE	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KORP, WILLIAM R 240 S. PIINEAPPLE AVE. SARASOTA, FL 34236			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</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 Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLESCH, ROBERT		NAME	WM. SIMMERMAN	
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPPHY, DAVE		NAME	GLEN HELLYER	
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISLER, JACK		NAME		
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE, FLOOK		NAME		
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEGLIO, ANTHONY		NAME		
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZEISEN, JUANITA		NAME		
STREET ADDRESS	240 S. PIINEAPPLE AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
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: <u>JACK B. SHISLER</u> <i>Jack B. Shisler</i> 3-8-05 941-798-3426 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

