


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90013 017 ****61.25

DOCUMENT # N95000005949					
1. Entity Name CORTEZ PARK HOMEOWNERS, INC.					
Principal Place of Business 240 S. PINEAPPLE AVE. SARASOTA, FL 34236		Mailing Address 240 S. PINEAPPLE AVE. 333 S. TAMiami TRAIL, STE. 199 SARASOTA, FL 34236			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03232007 Chg-NP CR2E037 (12/06)	
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. PINEAPPLE AVE. SARASOTA, FL 34236			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLESCH, ROBERT		NAME	DOUGLAS MORGAN	
STREET ADDRESS	240 S. PINEAPPLE 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	COCKERHAM, ALMA		NAME	GILBERT ROSS	
STREET ADDRESS	240 S. PINEAPPLE 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHISLER, JACK B.		NAME	MICHAEL ETERGINIO	
STREET ADDRESS	240 S. PINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	ALT.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COULTER, ROBERT		NAME	TRUMAN TOMES	
STREET ADDRESS	240 S. PINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	ALT.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEGLIO, ANTHONY		NAME	DONNA STOUTIN	
STREET ADDRESS	240 S. PINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	ALT.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSE, NANCY		NAME	BARBARA HUTCHESON	
STREET ADDRESS	240 S. PINEAPPLE AVE.		STREET ADDRESS	240 S. PINEAPPLE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP	SARASOTA, FL. 34236	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Jack B. Shisler</i>		3-26-07		941-798-3426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	