
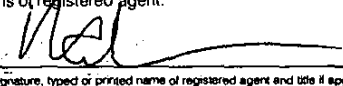



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90032 047 ****61.25

DOCUMENT # N95000005949			
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 - No P.O. Box # 3900 Clark Road		3. Mailing Address 3900 Clark Road	
Suite, Apt. #, etc. Suite L-1		Suite, Apt. #, etc. Suite L-1	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34233		Zip 34233	
Country USA		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent KORP, WILLIAM R 240 S. PIINEAPPLE AVE. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name: DOMBER, HARLAN R. Street Address (P.O. Box Number is Not Acceptable): 3900 Clark Road Suite L-1 City: Sarasota FL Zip Code: 34233	
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: 		Harlan R. Domber 3/8/2008	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME: DOUGLAS, MORGAN STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE: Secretary NAME: MORGAN, Douglas STREET ADDRESS: 12507 Cortez Rd W, #64 - PO Box 9 CITY-ST-ZIP: Cortez, FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: COCKERHAM, ALMA STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE: Vice-president NAME: Breshahan, Jim STREET ADDRESS: 12507 Cortez Rd W, #48, PO Box 853 CITY-ST-ZIP: Cortez, FL 34215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: SHISLER, JACK STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: Shisler, Jack STREET ADDRESS: 12507 Cortez Rd W, #68, PO Box 253 CITY-ST-ZIP: Cortez, FL 34215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: COULTER, ROBERT STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: Stoutin, Donna STREET ADDRESS: 12507 Cortez Rd W, #63, PO Box 123 CITY-ST-ZIP: Cortez, FL 34215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: GILBERT, ROSS STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE: Ross, Gilbert. (#49) Director NAME: Peterburg, NJ 08270 STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: LUSE, NANCY STREET ADDRESS: 240 S. PIINEAPPLE AVE. CITY-ST-ZIP: SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Carl Crooks (lot #49) STREET ADDRESS: 12507 Cortez Rd W #59, PO Box 203 CITY-ST-ZIP: Cortez, FL 34215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 x 3-20-08 x 941-798-3426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	