

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005949

FILED
Apr 03, 2009
Secretary of State

Entity Name: CORTEZ PARK HOMEOWNERS, INC.

Current Principal Place of Business:

12507 CORTEZ RD WEST
CORTEZ, FL 34215

New Principal Place of Business:

Current Mailing Address:

PO BOX 951
CORTEZ, FL 34215

New Mailing Address:

FEI Number: 65-0633837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMBER, HARLAN R
3900 CLARK RD STE L-1
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORGAN, DOUGLAS
Address: PO BOX 9
City-St-Zip: CORTEZ, FL 34215

Title: PD () Delete
Name: BRESHEHAN, JAMES
Address: PO BOX 853
City-St-Zip: CORTEZ, FL 34215

Title: TD () Delete
Name: SHISLER, JACK
Address: PO BOX 253
City-St-Zip: CORTEZ, FL 34215

Title: D () Delete
Name: STOUTIN, DONNA
Address: PO BOX 123
City-St-Zip: CORTEZ, FL 34215

Title: D () Delete
Name: GILBERT, ROSS
Address: 430 RTE 610
City-St-Zip: WOODBINE, NJ 08270

Title: D () Delete
Name: COOKS, CARL
Address: PO BOX 203
City-St-Zip: CORTEZ, FL 34215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DONALD, WATSON
Address: 113 E. OHIO AVE.
City-St-Zip: MT. VERNON, OH 43050

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA LEE LABARRE

MGR.

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date