

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90290 001 ****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
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KORP, WILLIAM R 333 S. TAMiami TRAIL, STE. 199 VENICE FL 34285				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 _____

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

FILE NOW: FEE IS \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, OLKOWSKY			NAME			
STREET ADDRESS	C/O 333 S. TAMiami TRAIL STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALD, KINSEL			NAME			
STREET ADDRESS	C/O 333 S TAMiami TRAIL, STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHISLER, JACK			NAME			
STREET ADDRESS	C/O 333 S TAMiami TRAIL, STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GENE, FLOOK			NAME			
STREET ADDRESS	C/O 333 S. TAMiami TRAIL, STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHODES, PETER			NAME			
STREET ADDRESS	C/O 333 SO TAMiami TRAIL STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANZEISEN, JUANITA			NAME			
STREET ADDRESS	C/O 333 SO TAMiami TRAIL STE 109			STREET ADDRESS			
CITY-ST-ZIP	VENICE FL 34285			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: JACK SHISLER *Jack Shisler* 3-24-03 941-398-3426

CR2E037 (10/02)