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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90040 012 \*\*\*\*70.00

DOCUMENT # N97000002974

1. Corporation Name

CORY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

140 SOUTH CORY DRIVE  
EDGEWATER FL 32141

Mailing Address

140 SOUTH CORY DRIVE  
EDGEWATER FL 32141



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number N97000002974

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

REUTER, EARL R  
140 SOUTH CORY DRIVE  
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Earl R. Reuter*  
Signature, typed or printed name of registered agent and use if applicable.

*EARL R. REUTER*  
(NOTE: Registered Agent signature required when reinstating)

*1-30-99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME BAKER, FLORENCE M  
STREET ADDRESS 147 NORTH CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7225

TITLE VD ☐ DELETE  
NAME VITKAUSKAS, ALLEN C  
STREET ADDRESS 157 S CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7222

TITLE SD ☐ DELETE  
NAME ECKERT, HENRIETTA J  
STREET ADDRESS 155 NORTH CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7225

TITLE TD ☐ DELETE  
NAME HENRY, NANCY  
STREET ADDRESS 177 E CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7225

TITLE CD ☒ DELETE  
NAME REUTER, EARL R  
STREET ADDRESS 140 S CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7222

TITLE D ☐ DELETE  
NAME ASHTON, E K  
STREET ADDRESS 152 S CORY DR  
CITY-ST-ZIP EDGEWATER FL 32141-7222

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME John T. Blackerby  
5.3 STREET ADDRESS 176 East Cory Drive  
5.4 CITY-ST-ZIP Edgewater, FL 32141-7224

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Earl R. Reuter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)