

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002974

1. Entity Name

CORY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 11 PM 3:00

Principal Place of Business

140 SOUTH CORY DRIVE
EDGEWATER FL 32141

Mailing Address

140 SOUTH CORY DRIVE
EDGEWATER FL 32141-7222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59302638.3

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUTER, EARL R
140 SOUTH CORY DRIVE
EDGEWATER FL 32141

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.

SIGNATURE

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	XX Delete
NAME	BAKER, FLORENCE M	
STREET ADDRESS	147 NORTH CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141-7225	
TITLE	VD	XX Delete
NAME	VITKAUSKAS, ALLEN C	
STREET ADDRESS	157 S CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141-7222	
TITLE	SD	XX Delete
NAME	ECKERT, HENRIETTA J	
STREET ADDRESS	155 NORTH CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141-7225	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENRY, NANCY	
STREET ADDRESS	177 E CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141-7225	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKERBY, JOHN T	
STREET ADDRESS	176 EAST CORY DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141-7224	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHTON, E K	
STREET ADDRESS	152 S CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141-7222	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN KLISE	
STREET ADDRESS	143 S cory dr	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY LAMB	
STREET ADDRESS	150 S CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YVONNE BALDWIN	
STREET ADDRESS	112 N CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY HENRY	
STREET ADDRESS	177 E CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E K ASHTON	
STREET ADDRESS	152 S CORY DR	
CITY-ST-ZIP	EDGEWATER FL 32141	

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:

Yvonne L Baldwin

4/30/2000 904-426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

705