FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746864** **(8)**

1. Corporation Name
CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3815 CORTEZ CIRCLE TAMPA FL 33614	3815 CORTEZ CIRCLE TAMPA FL 33614

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2075944 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CONTER, C. MICHAEL~~ ~~201 E. KENNEDY BLVD.~~ ~~SUITE 1407~~ ~~TAMPA FL 33602~~	81 Name: Steven H. Mezer 82 Street Address (P.O. Box Number is Not Acceptable): 1212 Court St, Suite B 83 84 City: Clearwater FL 85 Zip Code: 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/28/95
Signature, typed or printed name of registered agent and the date of application. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	STEEN, DAVID	12 NAME	
STREET ADDRESS	4038-B CORTEZ DR.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, RALPH	22 NAME	
STREET ADDRESS	4022 A CORTEZ DR.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	EGERMAN, JULES K	32 NAME	
STREET ADDRESS	4104 D CORTEZ DR.	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	DEES, JOYCE	42 NAME	
STREET ADDRESS	3813-D CORTEZ CIRCLE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LASALA, BETH	52 NAME	
STREET ADDRESS	4018 C CORTEZ DR	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Craig, Norm
STREET ADDRESS		63 STREET ADDRESS	4106-D Cortez Dr.
CITY ST ZIP		64 CITY ST ZIP	Tampa, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert J. Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064289