

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2005 8:00 am**  
**Secretary of State**

07-06-2005 90034 021 \*\*\*\*61.25

**20061630**



06242005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N03000005622</b> 1. Entity Name <b>CORKSCREW PALMS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>			Mailing Address <b>9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>		
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 <b>20-0114054</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>D'JAMOOS, JOSEPH E 9130 CORSEA DEL FONTANA WAY NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'JAMOOS, JOSEPH E		NAME		
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'JAMOOS, ELIZABETH A		NAME		
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D'JAMOOS, ANDREW		NAME	<i>SD Jennifer D'Jamoos</i>	
STREET ADDRESS	9130 CORSEA DEL FONTANA WAY		STREET ADDRESS	<i>9130 corsea del fontana way</i>	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	<i>NAPLES, FL 34109</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			<i>Joseph E. D'Jamoos</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4/1/05</i> Daytime Phone #		