

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 001 ****61.25

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1. Entity Name
**CORKSCREW PALMS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

Mailing Address
**9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0114054

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**D'JAMOOS, JOSEPH E
9130 CORSEA DEL FONTANA WAY
NAPLES, FL 34109**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME D'JAMOOS, JOSEPH E
STREET ADDRESS 9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE VTD
NAME D'JAMOOS, ELIZABETH A
STREET ADDRESS 9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE SD
NAME D. JAMOS, JENNIFER
STREET ADDRESS 9130 CORSEA DEL FONTANA WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #