

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765820

**FILED**  
**Jan 17, 2019**  
**Secretary of State**  
**9852618866CC**

**Entity Name:** CORKSCREW WOODLANDS ASSOCIATION, INC.

**Current Principal Place of Business:**

21600 CORKSCREW WOODLANDS BLVD.  
ESTERO, FL 33928

**Current Mailing Address:**

21600 CORKSCREW WOODLANDS BLVD.  
ESTERO, FL 33928

**FEI Number: 59-2264345**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FT. MYERS, FL 33901 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENSTROM, ROGER  
Address        10939 SNOWY EGRET  
City-State-Zip: ESTERO FL 33928

Title            VP  
Name            SMOYER, RON  
Address        10936 PERAGRINE FALCON  
City-State-Zip: ESTERO FL 33928

Title            S  
Name            MANDELARO, PAUL  
Address        10815 WHITE WOOD STORK CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            T  
Name            MOORE, DAVE  
Address        10724 RED CARDINAL  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            BALL, JUDY  
Address        10853 BONAPARTES GULL  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            GOLL, MARY  
Address        10825 VIREO CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            ELDRIDGE, MIKE  
Address        10835 SMOOTH BILLED ANI  
City-State-Zip: ESTERO FL 33928

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL MANDELARO**

**SECRETARY**

**01/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date