

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765820

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC0203687972**

**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            BOLEN, LON  
Address        10839 WHITE WOOD STORK CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            VP  
Name            SMOYER, RONALD  
Address        10936 PEREGRINE FALCON CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            S  
Name            HUNSBERGER, NORMAN  
Address        10902 LEAST TERN CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            T  
Name            KUHN, DOUG  
Address        10925 PEREGRINE FALCON CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            KRAMER, DAN  
Address        10851 VIREO CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            KATHYRN, STARR  
Address        10743 EVERGLADES KITE CIRCLE  
City-State-Zip: ESTERO FL 33928

Title            BMD  
Name            ELDRIDGE, MICHAEL  
Address        10835 SMOOTH BILLED ANI CIRCLE  
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:** LON BOLEN

**GENERAL MANAGER**

**01/13/2015**

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

\_\_\_\_\_  
Date