

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765820

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC8943477897**

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

Title           VP  
Name           WILLSIE, JOHN  
Address        10737 EVERGLADES KITE CIRCLE  
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           MIKE, ELDRIDGE  
Address        10835 SMOOTH BILLED ANI CIRCLE  
City-State-Zip: ESTERO FL 33928

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

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

Title           BMD  
Name           FRANCIS, HICKS  
Address        10951 PEREGRINE FALCON 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: PAUL MANDELARO**

**SECRETARY**

**01/15/2018**

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

\_\_\_\_\_  
Date