

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005622

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

**FILED**  
**Feb 14, 2023**  
**Secretary of State**  
**9313975575CC**

**Current Principal Place of Business:**

TCG PM, LLC  
9450 CORKSCREW PALMS CIRCLE 101  
ESTERO, FL 33928

**Current Mailing Address:**

TCG PM, LLC  
9450 CORKSCREW PALMS CIRCLE 101  
ESTERO, FL 33928 US

**FEI Number:** 20-0114054

**Certificate of Status Desired:** No

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

SALUAN, ANDREW  
TCG PM, LLC  
9450 CORKSCREW PALMS CIRCLE 101  
ESTERO, FL 33928 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, DIRECTOR  
Name            DOHACK, RICHARD  
Address        TCG PM, LLC  
                  9450 CORKSCREW PALMS CIRCLE  
                  101  
City-State-Zip: ESTERO FL 33928

Title            SECRETARY, DIRECTOR  
Name            WITTMANN, INGRID  
Address        TCG PM, LLC  
                  9450 CORKSCREW PALMS CIRCLE  
                  101  
City-State-Zip: ESTERO FL 33928

Title            TREASURER, DIRECTOR  
Name            AVERY, PHIL  
Address        TCG PM, LLC  
                  9450 CORKSCREW PALMS CIRCLE  
                  101  
City-State-Zip: ESTERO FL 33928

Title            VP  
Name            LEVINSON, GARY  
Address        TCG PM, LLC  
                  9450 CORKSCREW PALMS CIRCLE  
                  101  
City-State-Zip: ESTERO FL 33928

Title            OTHER  
Name            BROWN, LINDSAY  
Address        TCG PM, LLC  
                  9450 CORKSCREW PALMS CIRCLE  
                  101  
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:** RICHARD DOHACK

**PRESIDENT**

**02/14/2023**

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

\_\_\_\_\_  
Date