

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000609

**Entity Name:** CORY LAKE ISLES PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 21, 2024**  
**Secretary of State**  
**8996605875CC**

**Current Principal Place of Business:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE SUITE B  
LUTZ, FL 33549

**Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE SUITE B  
LUTZ, FL 33549 US

**FEI Number: 59-3237882**

**Certificate of Status Desired: No**

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

CONDOMINIUM ASSOCIATES LLC  
3001 EXECUTIVE DRIVE, STE 260  
CLEARWATER, FL 33762 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:** ELIJAH STUBBLEFIELD

03/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUSSELL, JOSH  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            SECRETARY  
Name            VERMA, SANTOSH  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            TATEM , JEFF  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            VP  
Name            MILLER , YVONNE  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            CHEHAB, RIAD  
Address        3001 EXECUTIVE DRIVE, STE 260  
City-State-Zip: CLEARWATER FL 33762

*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:** RUSSELL , JOSH

**PRESIDENT**

03/21/2024

Electronic Signature of Signing Officer/Director Detail

Date