

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000609

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

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**6505138231CC**

**Current Principal Place of Business:**

18550 N DALE MABRY HWY  
LUTZ, FL 33548

**Current Mailing Address:**

18550 N DALE MABRY HWY  
LUTZ, FL 33548 US

**FEI Number: 59-3237882**

**Certificate of Status Desired: No**

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

DRISCOLL LAW FIRM, P.A.  
146 SECOND ST. N., STE. 310  
ST. PETERSBURG, FL 33701 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 SECRETARY  
Name AMIN, BABU JR.  
Address 18550 N DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title PRESIDENT  
Name RAMPHAL, HARESH  
Address 18550 N DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title VP  
Name REDDY, ANOOP  
Address 18550 N DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title TREASURER  
Name SURESH, NAVEEN  
Address 18550 N DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

Title DIRECTOR  
Name VASUDEVA, RISHI  
Address 18550 N DALE MABRY HWY  
City-State-Zip: LUTZ FL 33548

*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: HARESH RAMPHAL**

**PRESIDENT**

**03/19/2020**

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

\_\_\_\_\_  
Date