

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002974

**Entity Name:** CORY ESTATES PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**142 S CORY DR  
EDGEWATER, FL 32141**Current Mailing Address:**142 S CORY DR  
EDGEWATER, FL 32141 US**FEI Number:** 59-3026383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHN, SCOTT  
142 S CORY DR  
EDGEWATER, FL 32141 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:** SCOTT JOHN

04/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JOHN, SCOTT  
Address        142 S CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            DIRECTOR  
Name            SUMMEY, THOMAS  
Address        134 S CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            DIRECTOR  
Name            LYNCH, CHARLES  
Address        155 N CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            DIRECTOR  
Name            BARLOW, ROBERT  
Address        129 S CORY DR  
City-State-Zip: EDGEWATER FL

Title            DIRECTOR  
Name            BRYAN, JACQUES  
Address        112 N CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            DIRECTOR  
Name            RAIMONDO, TONY  
Address        146 N CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            TREASURER  
Name            RAINMONDO, JODI  
Address        146 N CORY DR  
City-State-Zip: EDGEWATER FL 32141

Title            SECRETARY  
Name            PENN, ERIN  
Address        147 N CORY DR  
City-State-Zip: EDGEWATER FL 32141

*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:** ERIN PENN**SECRETARY**

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date