

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729718 (7)
 1. Corporation Name
CORTEZ VILLAS CONDOMINIUM 3 ASSOCIATION, INC.

Principal Place of Business 3407 41ST ST N BRADENTON FL 34205 US	Mailing Address 3407 41ST ST W BRADENTON FL 34205 US
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3. Date Incorporated or Qualified 05/09/1974
4. FEI Number 59-1525892
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
H.L. GIROYX & ASSOCIATES
6108 28TH STREET WEST
SUITE 4
BRADENTON FL 34207

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MULLEN, BETTY	
STREET ADDRESS	3407 41 ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CULLENS, VIRGINIA	
STREET ADDRESS	3407 42 ST W	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HANKS, BARBARA	
STREET ADDRESS	3409 41ST ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MORROW, LILLI	
STREET ADDRESS	4103 35 AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECY DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONNA KUNTZ	
1.3 STREET ADDRESS	4110 35 AVE W	
1.4 CITY-ST-ZIP	BRADENTON, FL	
2.1 TITLE	2ND V.P. DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OTTO CISMESIA	
2.3 STREET ADDRESS	4102 35 AVE W	
2.4 CITY-ST-ZIP	BRADENTON, FL	
3.1 TITLE	BRAD DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELISE GALLERY	
3.3 STREET ADDRESS	3501 HIGH W	
3.4 CITY-ST-ZIP	BRADENTON, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Mullen 2-20-98

CR2037 (10/97)