

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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APPROVED AND FILED

98 JUN -1 01 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729718

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/09/1974	
22 City & State		27 City & State		4. FEI Number: 59-1525892	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~HC GROUCE ASSOCIATES~~
6108 26TH STREET WEST
SUITE 4
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name	JAMES R. GODDARD, CPA	
82 Street Address (P.O. Box Number, if Not Applicable)	6108 26th Street W #4	
83 City	BRADENTON, FL 34207	
84 State	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

James R. Goddard
Signature of Person Accepting Appointment as Agent and Not a Director

1-7-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	Pres.
NAME	KUNTZ, DONNA	1.2 NAME	BETTY MULLEN <i>DIR</i>
STREET ADDRESS	4110 35TH AVE WEST	1.3 STREET ADDRESS	3407 41st STREET, W #21
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	DVP	2.1 TITLE	VP <i>DIR</i>
NAME	CISMESIA, OTTO	2.2 NAME	VIRGINIA CULLENS
STREET ADDRESS	4102 35TH AVE WEST	2.3 STREET ADDRESS	3407 42nd STREET W #10
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	D	3.1 TITLE	Director
NAME	GALLERY, ELOISE	3.2 NAME	Otto Cismesia
STREET ADDRESS	3501 41ST ST	3.3 STREET ADDRESS	4102 35th Ave. West
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, Fl. 34205
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Margery Hamilton
STREET ADDRESS		4.3 STREET ADDRESS	3403 42nd Street West
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bradenton, FL 34205
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *B. J. Mullen* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Daytime Phone #

005677

CR2E037 (1/96)