

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740167

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** COR-DEL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1345 SE 40TH TERR.  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1345 SE 40TH TERR.  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 59-1903083      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BERLEEN, CARLTON  
1345 SE 40TH TERRACE  
UNIT 1E  
CAPE CORAL, FL 33904 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERLEEN, CARLTON  
Address: 1345 SE 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: WLOYDKA, PRAY  
Address: 134 SE 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: SDTD ( ) Delete  
Name: MONTGOMERY, NANCY  
Address: 1345 SE 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BERLEEN CARLTON

PD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date