

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746864** (8)

1. Corporation Name
CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3815 CORTEZ CIRCLE TAMPA FL 33614**
Mailing Address: **3815 CORTEZ CIRCLE TAMPA FL 33614**

3. Date Incorporated or Qualified: **04/24/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2075944**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MEZER, STEVEN H.
1212 COURT ST. SUITE B
SUITE 1407
CLEARWATER FL 34616**

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

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
Date: **2/18/96**

12. OFFICERS AND DIRECTORS

TITLE	BY DP	<input type="checkbox"/> DELETE
NAME	STEEN, DAVID	
STREET ADDRESS	4038-B CORTEZ DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DR DT	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, RALPH	
STREET ADDRESS	4022-A CORTEZ DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	BT DS	<input checked="" type="checkbox"/> DELETE
NAME	EGERMAN, JULES K	
STREET ADDRESS	4104 D CORTEZ DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS DV	<input type="checkbox"/> DELETE
NAME	DEES, JOYCE	
STREET ADDRESS	3813-D CORTEZ CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LASALA, BETH	
STREET ADDRESS	4018 C CORTEZ DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAIG, NORM	
STREET ADDRESS	4106-D CORTEZ DR.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEEN, DAVID	
13 STREET ADDRESS	4038-B Cortez Dr.	
14 CITY-ST-ZIP	Tampa, FL 33614	
21 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	COLE, DONNA	
23 STREET ADDRESS	3802-A Cortez Circle	
24 CITY-ST-ZIP	Tampa, FL 33614	
31 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	COLVIN, MANDA	
33 STREET ADDRESS	3809-B Cortez Circle	
34 CITY-ST-ZIP	Tampa, FL 33614	
41 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DEES, JOYCE	
43 STREET ADDRESS	3813-D Cortez Circle	
44 CITY-ST-ZIP	Tampa, FL 33614	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MARTIN, MIKE	
53 STREET ADDRESS	3818-D Cortez Drive	
54 CITY-ST-ZIP	Tampa, FL 33614	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* Date: **2/16/96** 813-935-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Norm Craig** Daytime Phone #

CR2E037 (12/95)