

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746864 (8)**

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



Principal Place of Business <b>3815 CORTEZ CIRCLE TAMPA FL 33614</b>	Mailing Address <b>3815 CORTEZ CIRCLE TAMPA FL 33614</b>
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3. Date Incorporated or Qualified  
**04/24/1979**

4. FEI Number <b>59-2075944</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 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 <b>JOE SANDERS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1301 SEMINOLE BLVD</b>
83 <b>SUITE 172</b>
84 City <b>LARGO</b>
85 Zip Code <b>FL 34640</b>

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 **JOE SANDERS CAM** *Joe Sanders* DATE **2-24-91**

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>DP</b>	NAME <b>STEEN, DAVID</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4038-B CORTEZ DR.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>T</b>	NAME <b>MARY STEEN</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4038-B CORTEZ DR.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>S</b>	NAME <b>LAURA MILLR RUSHING</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>4004-A CORTEZ DR.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	NAME <b>BILL GALLOWAY</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>3818-C CORTEZ DR.</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>VP</b>	NAME <b>MARTIN, MIKE</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>3818-D CORTEZ DRIVE</b>	CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b></b>	NAME <b></b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>DP</b>	1.2 NAME <b>LINDA ONEAL</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 STREET ADDRESS <b>3820 B CORTEZ DR</b>	1.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>		
2.1 TITLE <b>DVP</b>	2.2 NAME <b>STEVE DOMINGO</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 STREET ADDRESS <b>4010A CORTEZ DR</b>	2.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>		
3.1 TITLE <b>DT.</b>	3.2 NAME <b>NICK COSTANZA</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3 STREET ADDRESS <b>3808 A CORTEZ DR</b>	3.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>		
4.1 TITLE <b>DS</b>	4.2 NAME <b>DOROTHY WORLEY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3 STREET ADDRESS <b>3814 C CORTEZ CIRCLE</b>	4.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>		
5.1 TITLE <b>D</b>	5.2 NAME <b>GEORGE QUINTANO</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 STREET ADDRESS <b>4024 B CORTEZ DR</b>	5.4 CITY-ST-ZIP <b>TAMPA, FL 33614</b>		
6.1 TITLE <b></b>	6.2 NAME <b></b>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS <b></b>	6.4 CITY-ST-ZIP <b></b>		

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 **LINDA ONEAL** *Linda Oneal* DATE **2-26-98**

CR2E037 (10/97)