

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90172 015 \*\*\*\*61.25

**DOCUMENT # 746864**

1. Entity Name

**CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

3815 CORTEZ CIRCLE  
 TAMPA FL 33614

3815 CORTEZ CIRCLE  
 TAMPA FL 33614-1502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**10 STERLING MANAGEMENT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2880 SCHERER DR ST 840**

City & State

City & State

**ST PETERSBURG FL**

4. FEI Number

**59-2075944**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33716**

**PINELLAS**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, JOE**  
**1301 SEMINOLE BLVD**  
**SUITE 172**  
**LARGO FL 34640**

Name

**JOE SANDERS**

Street Address (P.O. Box Number is Not Acceptable)

**10 STERLING MANAGEMENT**  
**2880 SCHERER DR ST. 840**

City

**ST PETERSBURG**

Zip Code

**FL**

**33716**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	O'NEAL, LINDA	3820 B CORTEZ DR	TAMPA FL 33614	<input checked="" type="checkbox"/>
DVP	MAY, STEVE	3806 B CORTEZ CIR	TAMPA FL 33614	<input checked="" type="checkbox"/>
DT	COSTANZA, NICK	3808 A CORTEZ DR	TAMPA FL 33614	<input checked="" type="checkbox"/>
DS	PERRINI, REBECCA	3804-A CORTEZ CIR	TAMPA FL 33614	<input checked="" type="checkbox"/>
D	CRAIG, CLYDE	4106-D CORTEZ CIR	TAMPA FL 33614	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	GEORGE QUINTANO	4024 B CORTEZ DR	TAMPA FL 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP/S	BOB COLWIN	3809 CORTEZ DR	TAMPA FL 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	RAY KING	4018 B CORTEZ DR	TAMPA, FL. 33614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	STEVE DOMINGO	4010 A CORTEZ DR	TAMPA FL 33614	<input type="checkbox"/>	<input type="checkbox"/>
D	DOROTHY WORLEY	3814 C CORTEZ CIR	TAMPA, FL. 33614	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOE SANDERS** **2/14/00**