2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # 746864** 1. Entity Name



CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.					04-2	9-2003 901	74 004	01.23	
Principal Plac	e of Business	Mailing Address							
3815 CORTEZ CIRCLE TAMPA FL 33614		C/O STERLING MANAGEMENT 2880 SCHERER DR STE 840 SAINT PETERSBURG FL 33716				#### #################################	::9: A18:: A18:: 9:	V4441	3 #11##1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MC	ORE	CR2E037	(10/04)	
City & State		City & State			4. FEI Number 5	9-2075944		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered Agent			7. Name and Add	ess of New R	egistered A	gent	
001	FTDU		Name						
COTTRILL, RONALD E 400 N TAMPA ST #2625		Street Address		ddress (F	(P.O. Box Number is Not Acceptable)				
	MPA FL 33602		City				FL	Zip Cod	9
									
	named entity submits this statement factors of registered agent.	or the purpose of changing its re	gistered office or	registere	ed agent, or both, in	ine State of Fio	ricia. I am i	amıllar wiln,	and accept
	• -								:
SIGNATURE		ALOTE C				 	DATE		
	Signature, typed or printed name of registered agen	Randilile if applicable (NOIE F	Registered Agent signatur	beruper en	when reinstating)				
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	.9. Election Camp Trust Fund Col	aign Financing	_	\$5.00 May Be Added to Fees			Payable	
10.	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Col	aign Financing		\$5.00 May Be	Florid	la Depart	ment of S	State
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2005 OFFICERS AND D	9. Election Camp Trust Fund Col	aign Financing ntribution.		\$5.00 May Be Added to Fees	Florid	la Depart	ment of S	State
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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

Daytime Phone #