

108 **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90174 004 ****61.25

DOCUMENT # 746864
 1. Entity Name
CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3815 CORTEZ CIRCLE TAMPA FL 33614**
 Mailing Address: **C/O STERLING MANAGEMENT 2880 SCHERER DR STE 840 SAINT PETERSBURG FL 33716**

JUU44413



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-2075944**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COTTRILL, RONALD E
400 N TAMPA ST
#2625
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reappointing) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP COLVIN, ROBERT	3809 B CORTEZ CIRCLE	TAMPA FL 33614	<input type="checkbox"/>
DT GALARIS, SEAN	2880 SCHERER DR #846	SAINT PETERSBURG FL 33716	<input checked="" type="checkbox"/>
DS ROBBINS, RALPH	4022 A CORTEZ DRIVE	TAMPA FL 33614	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S SMITH ROBERT	18 HIGH ST	WESTWOOD, NJ 07675	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ROBBINS RALPH	4022 A CORTEZ DR	TAMPA, FL 33617	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DUNINGO ANN	4014 A CORTEZ DR	TAMPA FL 33614	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RAJCEVICH, MIKE	348 ETHEL ST.	WOODDALE, IL 60191	<input type="checkbox"/>	<input checked="" 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 # _____