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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 026 ****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 2870 SCHERER DRIVE N. SUITE 100 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2075944				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
COTTRILL, RONALD E 1010 N. FLORIDA AVE TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, ROBERT		NAME		
STREET ADDRESS	3809 B CORTEZ CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ROBERT		NAME	Dimple Lalwani	
STREET ADDRESS	18 HIGH STREET		STREET ADDRESS	4022 B Cortez Drive	
CITY-ST-ZIP	WESTWOOD, NJ 07675		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, RALPH		NAME	Maria Delgado	
STREET ADDRESS	4022 A CORTEZ DRIVE		STREET ADDRESS	4020 B Cortez Drive	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMP, KATHLEEN		NAME	Mary Dee Vigil	
STREET ADDRESS	4038 B CORTEZ DR		STREET ADDRESS	3822 B Cortez Drive	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAJCEVICH, MIKE		NAME	Gregorio Kuvazko	
STREET ADDRESS	348 STITEL STREET		STREET ADDRESS	4028 B Cortez Drive	
CITY-ST-ZIP	WOOD DALE, IL 60191		CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dimple Lalwani</u>			Date: <u>2/22/08</u> 727-299-9555		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					
<u>Dimple Lalwani, President</u>					