

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746864

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** CORTEZ OF CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2870 SCHERER DRIVE, SUITE 100  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

2870 SCHERER DRIVE, SUITE 100  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 59-2075944

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS LAW GROUP, P.A.  
320 W. KENNEDY BLVD  
STE 400  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DIAZ, MYRNA  
Address: 4030 D CORTEZ DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: T  
Name: JEUNE, YOLAINE  
Address: 4026 B CORTEZ DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: SCRIVNER, JAMES  
Address: 3814 A CORTEZ DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: S  
Name: ROBERTS, FREDRIC B  
Address: 4026-C CORTEZ DRIVE  
City-St-Zip: TAMPA, FL 33614

Title: D  
Name: COLVIN, ROBERT  
Address: 3809-A CORTEZ CIRCLE  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL MOORE

LCAM

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date