2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# 762926

Entity Name: CORY'S LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10684 HALLS RIVER RD.
HOMOSASSA, FL 32646

New Principal Place of Business:

Current Mailing Address:

727 MARTINIQUE CIRCLE
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-2462888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATLEDGE, J.T.
504 1ST AVE S
TIERRE VERDE, FL 337152235 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:	D	( ) Delete
Name:	RATLEDGE, JERRY,	
Address:	504 1ST AVE S	
City-St-Zip:	TIERRE VERDE, FL 337152235	
Title:	PD	( ) Delete
Name:	SASSER, BILLY G.,	
Address:	P O BOX 641210	
City-St-Zip:	BEVERLY HILLS, FL 34464	
Title:	VPD	( ) Delete
Name:	STEPHENS, GARY	
Address:	10684 HALLS RIVER ROAD 3	
City-St-Zip:	HOMOSASSA SPRINGS, FL 32646	
Title:	STD	( ) Delete
Name:	HALL, BARBARA B	
Address:	727 MARTINIQUE CIRCLE	
City-St-Zip:	LAKELAND, FL 33803	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA B. HALL STD 03/12/2008

Electronic Signature of Signing Officer or Director — Date