

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 763050

1. Entity Name
C.P.R. OWNERS ASSOCIATION, INC.



Principal Place of Business

2350 SLOUGH ROAD
SARASOTA, FL 34240 US

Mailing Address

2350 SLOUGH ROAD
SARASOTA, FL 34240 US

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2414911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSSNAGLE, RONALD C.
2350 SLOUGH RD
SARASOTA, FL 34240

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSNAGLE, RONALD C.
STREET ADDRESS	2350 SLOUGH RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	VD
NAME	PAPI, AL
STREET ADDRESS	1800 SLOUGH RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	TS
NAME	ROSSNAGLE, TERRE L
STREET ADDRESS	2350 SLOUGH RD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/05-80048-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *TERRE L. ROSSNAGLE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRE L. ROSSNAGLE

Date

Daytime Phone #

(941) 366-2383