


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

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 770719 1. Entity Name SMUGGLER'S LANDING AT CORTEZ CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4101 - 129TH ST. W CORTEZ, FL 34215 US	Mailing Address P.O. BOX 148 CORTEZ, FL 34215 US
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2456534	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEITRICH, DAVID K THE RIVERVIEW CENTER STE 350 1111 THIRD AVE WEST BRADENTON, FL 34205
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TARBET, DOUGLAS 4012 128TH ST W, #804 CORTEZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURANT, PETER 4212 W. 126TH ST, #410 CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, LINDA 4112 128TH ST. W. # 605 CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, ERIC 4204 126TH ST., W., #509 CORTEZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, GRAMER 4212 126TH ST. W. #410 CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000238744
02/22/05-80012-024 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)(f), 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:  Eric S. Wilson, Jr., Secretary	2/17/05	941 794-2573
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>