


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90013 008 \*\*\*\*61.25

<b>DOCUMENT # 770719</b>	
1. Entity Name <b>SMUGGLER'S LANDING AT CORTEZ CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4101 - 129TH ST. W CORTEZ, FL 34215 US</b>	Mailing Address <b>P.O. BOX 148 CORTEZ, FL 34215 US</b>
--	--

**50000393**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02182006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-2456534</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
DEITRICH, DAVID K THE RIVERVIEW CENTER STE 350 1111 THIRD AVE WEST BRADENTON, FL 34205		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City <b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARBET, DOUGLAS	NAME	
STREET ADDRESS	4012 128TH ST W, #804	STREET ADDRESS	
CITY-ST-ZIP	CORTEZ, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT, PETER	NAME	
STREET ADDRESS	4212 W. 126TH ST, #410	STREET ADDRESS	
CITY-ST-ZIP	CORTEZ, FL 34215	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LINDA	NAME	Howard, Barbara Johnson
STREET ADDRESS	4112 128TH ST. W. # 605	STREET ADDRESS	4212 126th St. W. #402
CITY-ST-ZIP	CORTEZ, FL 34215	CITY-ST-ZIP	Cortez, FL 34215
TITLE	SD <input type="checkbox"/> Delete	TITLE	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ERIC	NAME	Wilson, Eric
STREET ADDRESS	4204 126TH ST., W., #509	STREET ADDRESS	4204 126th St. W. #509
CITY-ST-ZIP	CORTEZ, FL	CITY-ST-ZIP	Cortez, FL 34215
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, GRAMER	NAME	
STREET ADDRESS	4212 126TH ST. W. #410	STREET ADDRESS	
CITY-ST-ZIP	CORTEZ, FL 34215	CITY-ST-ZIP	
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:**  **Eric Wilson, Secretary/Treasurer** 2/18/06 941 794-2573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #