

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90033 025 \*\*\*\*61.25

**DOCUMENT # 770719**

1. Entity Name

**SMUGGLER'S LANDING AT CORTEZ CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**4101 - 129TH ST. W  
CORTEZ FL 34215  
US**

Mailing Address

**P.O. BOX 148  
CORTEZ FL 34215  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2456534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/07)

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

**FL**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TARBET, DOUGLAS	
STREET ADDRESS	4012 128TH ST W, #804	
CITY- ST- ZIP	CORTEZ FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DURANT, PETER	
STREET ADDRESS	4212 W. 126TH ST, #410	
CITY- ST- ZIP	CORTEZ FL 34215	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, BARBARA H	
STREET ADDRESS	4212 126TH ST, W, # 402	
CITY- ST- ZIP	CORTEZ FL 34215	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILSON, ERIC	
STREET ADDRESS	4204 126TH ST, W # 509	
CITY- ST- ZIP	CORTEZ FL 34215	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, GRAMER	
STREET ADDRESS	4212 126TH ST. W. #410	
CITY- ST- ZIP	CORTEZ FL 34215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trivoli, George	
STREET ADDRESS	4004 128th St. W. #902	
CITY- ST- ZIP	Cortez, FL 34215	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McNary, Bob	
STREET ADDRESS	4111 129th St. W.	
CITY- ST- ZIP	Cortez, FL 34215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClure, Cindy	
STREET ADDRESS	4212 126th St. W. #406	
CITY- ST- ZIP	Cortez, FL 34215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **Eric Wilson, Secretary/Treasurer**

**941 794-2573 2/23/08**