

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000010121

1. Entity Name
AVENIDA DE CORTEZ CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236

Mailing Address
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236



04112006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1853827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEYSER, STEPHEN B
1515 RINGLING BLVD., 10TH FLOOR
SARASOTA, FL 34236

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIOTT, ROBERT H
STREET ADDRESS 8330 GLENROSE WAY, UNIT 1613
CITY-ST-ZIP SARASOTA, FL 34238

TITLE VSTD
NAME SHUMWAY, ERICK H
STREET ADDRESS 6755 ASHLEY CT.
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VD
NAME KEYSER, STEPHEN B
STREET ADDRESS 306 GOLDEN GATE POINT
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000508276
04/27/06-80096-014 61.25

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #