


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90177 032 \*\*\*\*61.25

<b>DOCUMENT # N04000010121</b>					
<b>1. Entity Name</b> AVENIDA DE CORTEZ CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1515 RINGLING BLVD., 10TH FLOOR SARASOTA, FL 34236			<b>Mailing Address</b> 1515 RINGLING BLVD., 10TH FLOOR SARASOTA, FL 34236		
<b>2. Principal Place of Business - No P.O. Box #</b> 2107 63RD AVE E Suite, Apt. #, etc.		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.			
<b>City &amp; State</b> BRADENTON, FL Zip 34203 Country		<b>City &amp; State</b> City & State Zip Country		<b>4. FEI Number</b> 20-1853827 Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04022007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> KEYSER, STEPHEN B 1515 RINGLING BLVD., 10TH FLOOR SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name SRQ PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) THOMAS W. COOK 2107 63RD AVE E City BRADENTON FL Zip Code 34203		
<b>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.</b> SIGNATURE <u>Thomas W. Cook</u> DATE <u>4-2-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> ELLIOTT, ROBERT H <b>STREET ADDRESS</b> 8330 GLENROSE WAY, UNIT 1613 <b>CITY-ST-ZIP</b> SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD, WALSH, STEVEN <b>NAME</b> 5206 AVENIDA DECORTEZ, UNIT C <b>STREET ADDRESS</b> SARASOTA, FL 34242 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VSTD <b>NAME</b> SHUMWAY, ERICK H <b>STREET ADDRESS</b> 6755 ASHLEY CT. <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP, CALVANO, JAQUELINE <b>NAME</b> 5208 AVENIDA DECORTEZ <b>STREET ADDRESS</b> SARASOTA, FL 34242 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> KEYSER, STEPHEN B <b>STREET ADDRESS</b> 306 GOLDEN GATE POINT <b>CITY-ST-ZIP</b> SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T. CALVANO DOROTHY J. <b>NAME</b> 32 TUDOR DR. <b>STREET ADDRESS</b> OCEAN, NJ 07712 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> S. HUTCHINSON EDWARD <b>NAME</b> ONE PERSIMMON COURT <b>STREET ADDRESS</b> MEDFORD, NJ 08055 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D, ELLIOTT, ROBERT <b>NAME</b> 5204 AVENIDA DECORTEZ, UNIT D <b>STREET ADDRESS</b> SARASOTA, FL 34242 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>STEVEN WALSH</u>			DATE <u>4-13-07</u> DAYTIME PHONE # <u>941-725-6100</u>		