


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 036 ****70.00

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| DOCUMENT # N07000002248 |  |
| 1. Entity Name CORY LAKE ISLES TOWNHOMES ASSOCIATION, INC. | |

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| Principal Place of Business 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 | Mailing Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA, FL 33602 |
|---|---|

40111763



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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address PO Box 026000 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

07112008 Chg-NP CR2E037 (12/06)

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|----------------------------------|------------------------------------|---|
| City & State Miami, FL | 4. FEI Number 20-8582749 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33102 | Country USA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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|--|-------------|
| 6. Name and Address of Current Registered Agent KERRIGAN, JUANITA 201 ALBAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 | |
| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by September 12, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV YUNES, HANK 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP IORIO, ANTHONY S 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST KERRIGAN, JUANITA 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Juanita I. Kerrigan Secy/Treas.* **7/17/08 (305) 442-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JUANITA I. KERRIGAN** Date Daytime Phone #