

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90247 022 ****61.25

DOCUMENT # N10196

1. Entity Name
**THE VILLAGE ON CORTEZ CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**% MARIE BRADSHAW
4012 CORTEZ ROAD WEST, SUITE 2201
BRADENTON, FL 34210**

Mailing Address
**% MARIE BRADSHAW
4012 CORTEZ ROAD WEST, SUITE 2201
BRADENTON, FL 34210**

50051929

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



05032005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2776401

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BRADSHAW, MARIE M. JACQUELINE FORMAN
4012 CORTEZ ROAD WEST 4016 CORTEZ RD #1203
SUITE 2201 BRADENTON,
BRADENTON, FL 34210**

7. Name and Address of New Registered Agent
Name **JACQUELINE FORMAN**
Street Address (P.O. Box Number is Not Acceptable)
4016 CORTEZ RD. West
Suite **1203**
City **Bradenton** FL Zip Code **34210**

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 **Jacqueline Forman, President** DATE **May 10, 2005**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **September 7, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BRADSHAW, MARIE M.	
STREET ADDRESS	4012 CORTEZ RD W. #2201	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAZEN, JACK	
STREET ADDRESS	4012 CORTEZ RD WEST #2203	
CITY-ST-ZIP	BRADENTON, FL 342103116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KILLINGSWORTH, JIM	
STREET ADDRESS	4012 CORTEZ RD W 2103	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORMAN, JACQUELINE	
STREET ADDRESS	4016 CORTEZ RD WEST #1203/1203	
CITY-ST-ZIP	BRADENTON, FL 342103116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Kraujalis	
STREET ADDRESS	4016 Cortez Rd. W. #1205	
CITY-ST-ZIP	Bradenton, FL 34210 (KRAUJALIS)	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Sequin (SEQUIN)	
STREET ADDRESS	4016 Cortez Rd W #1201	
CITY-ST-ZIP	Bradenton FL 34210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Director	
STREET ADDRESS	Jacqueline Forman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4016 Cortez Rd W #1203 Bradenton FL 34210 FORMAN	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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: **Jacqueline Forman** Date **9-11-794-8954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #