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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19000**

1. Corporation Name
CUERVO VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9649 WILSKY BLVD. VILLA #2 TAMPA FL 33615	9649 WILSKY BLVD. VILLA #2 TAMPA FL 33615

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	
21	26	01/29/1987	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22	27	59-2791983	☐ Not Applicable
City & State	City & State	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
23	28		
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

CUERVO, LARRY
9649 WILSKY BLVD. VILLA #3
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Kleinschmidt, Justa
82 Street Address (P.O. Box Number is Not Acceptable): 9649 Wilsky Blvd. #1
83
84 City: Tampa **FL** 85 Zip Code: 33615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Justa Kleinschmidt (D) Justa Kleinschmidt DATE 1-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VVD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	KLEIN, LOU		1.2 NAME	Kleinschmidt, Karl	
STREET ADDRESS	9649 WILSKY #5		1.3 STREET ADDRESS	9649 Wilsky Blvd. #1	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Fl. 33615	
TITLE	STD	☐ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	OLGA CASANEUVA		2.2 NAME	Henriquez, Cecil	
STREET ADDRESS	9649 WILSKY BLVD., #2		2.3 STREET ADDRESS	9649 Wilsky Blvd. #3	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	~~Tampa, Florida 33615~~	
TITLE	PDD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, SUE		3.2 NAME	S/T/D	
STREET ADDRESS	9649 WILSKY BLVD., #4		3.3 STREET ADDRESS	Casanueva, Olga	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	9649 Wilsky Blvd., #2	
TITLE		☐ DELETE	4.1 TITLE	Tampa, Fl. 33615	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Olga Casanueva **SIGNATURE REQUIRED** Olga Casanueva 1-21-99 813-884-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #