
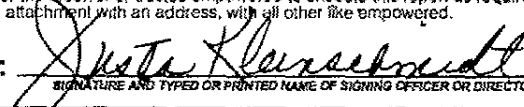


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N19000 1. Entity Name CUERVO VILLAS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 9649 WILSKY BLVD. #1 TAMPA, FL 33615	Mailing Address 9649 WILSKY BLVD. #1 TAMPA, FL 33615	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KLEINSCHMIDT, JUSTA 9649 WILSKY BLVD. #1 TAMPA, FL 33615		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEINSCHMIDT, KARL 9649 WILSKY BLVD., #1 TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLEINSCHMIDT, JUSTA 9649 WILSKY BOULEVARD #1 TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRIQUEZ, CECIL 9649 WILSKY BLVD. #3 TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-16-07 813-290-7234 Date Daytime Phone #



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2791983

Applied For
Not Applicable

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

U00000583218
01/22/07-80023-020 61.25

**DO NOT WRITE
IN THIS SPACE**