

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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**



01242008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2791983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLEINSCHMIDT, KARL
STREET ADDRESS	9649 WILSKY BLVD., #1
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	STD
NAME	KLEINSCHMIDT, JUSTA
STREET ADDRESS	9649 WILSKY BOULEVARD #1
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VD
NAME	HENRIQUEZ, CECIL
STREET ADDRESS	9649 WILSKY BLVD. #3
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000836544  
03/04/08-20013-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Justa Kleinschmidt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-6-08*  
Date

*813-290-1234*  
Daytime Phone #