

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90013 017 ****61.25

DOCUMENT # N95000005949

1. Entity Name
CORTEZ PARK HOMEOWNERS, INC.



Principal Place of Business
**240 S. PIINEAPPLE AVE.
SARASOTA, FL 34236**

Mailing Address
**240 S. PIINEAPPLE AVE.
333 S. TAMiami TRAIL, STE. 199
SARASOTA, FL 34236**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORP, WILLIAM R
240 S. PIINEAPPLE AVE.
SARASOTA, FL 34236**

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

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, 2007**

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | FLESC, ROBERT | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | COCKERHAM, ALMA | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SHISLER, JACK B. | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | COULTER, ROBERT | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | GEGLIO, ANTHONY | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | LUSE, NANCY | |
| STREET ADDRESS | 240 S. PIINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL 34236 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOUGLAS MORGAN | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GILBERT ROSS | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL ETERGINIO | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |
| TITLE | ALT.D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRUMAN TOMES | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |
| TITLE | ALT.D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONNA STOUTIN | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |
| TITLE | ALT.D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BARBARA HUTCHESON | |
| STREET ADDRESS | 240 S. PINEAPPLE AVE. | |
| CITY-ST-ZIP | SARASOTA, FL. 34236 | |

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: JACK B. SHISLER *Jack B. Shisler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-07 **941-798-3426**
Date Daytime Phone #