

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005949

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: CORTEZ PARK HOMEOWNERS, INC.

**Current Principal Place of Business:**

12507 CORTEZ RD WEST  
CORTEZ, FL 34215

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 951  
CORTEZ, FL 34215

**New Mailing Address:**

FEI Number: 65-0633837      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOMBER, HARLAN R  
3900 CLARK RD STE L-1  
SARASOTA, FL 34233      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MORGAN, DOUGLAS  
Address: PO BOX 9  
City-St-Zip: CORTEZ, FL 34215

Title: PD ( ) Delete  
Name: BRESHEHAN, JAMES  
Address: PO BOX 853  
City-St-Zip: CORTEZ, FL 34215

Title: TD ( ) Delete  
Name: SHISLER, JACK  
Address: PO BOX 253  
City-St-Zip: CORTEZ, FL 34215

Title: D ( ) Delete  
Name: STOUTIN, DONNA  
Address: PO BOX 123  
City-St-Zip: CORTEZ, FL 34215

Title: D ( ) Delete  
Name: GILBERT, ROSS  
Address: 430 RTE 610  
City-St-Zip: WOODBINE, NJ 08270

Title: D ( ) Delete  
Name: COOKS, CARL  
Address: PO BOX 203  
City-St-Zip: CORTEZ, FL 34215

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DONALD, WATSON  
Address: 113 E. OHIO AVE.  
City-St-Zip: MT. VERNON, OH 43050

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA LEE LABARRE

MGR.

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date