


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90033 040 \*\*\*\*61.25

**DOCUMENT # N95000005976**

1. Entity Name  
**COTEE RIVER PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**5611 OAK RIDGE AVE**      **5611 OAK RIDGE AVE**  
**NEW PORT RICHEY FL 34652**      **NEW PORT RICHEY FL 34652**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-3369378**       Not Applicable

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

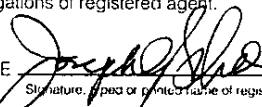
6. Name and Address of Current Registered Agent

**SCOTT, KENNETH**  
**5609 OAK RIDGE AVENUE**  
**NEW PORT RICHEY FL 34625**

7. Name and Address of New Registered Agent

Name **JOSEPH A. SCHALK**  
 Street Address (P.O. Box Number is Not Acceptable) **5611 OAK RIDGE AVE.**  
 City **NEW PORT RICHEY**      FL      Zip Code **34652**

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  (JOSEPH A. SCHALK, PRESIDENT)      3/9/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	SCHALK, JOSEPH A.	
STREET ADDRESS	5611 OAK RIDGE AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	RONCO, PHILIP	
STREET ADDRESS	5703 RIVERVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BASSETT, JANET	
STREET ADDRESS	5702 OAK RIDGE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	BATCHELER, CLAUDE	
STREET ADDRESS	5630 LOUISIANA AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, THOMAS	
STREET ADDRESS	5706 OAK RIDGE AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  (PRESIDENT)      3/9/06      (727) 847-3892