

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002974

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** CORY ESTATES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

146 N. CORY DRIVE  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

146 N. CORY DRIVE  
EDGEWATER, FL 32141

**New Mailing Address:**

**FEI Number:** 59-3026383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAIMONDO, ANTHONY E  
146 S. CORY DRIVE  
EDGEWATER, FL 32141 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: PD ( ) Delete  
Name: RAIMONDO, ANTHONY E  
Address: 146 N. CORY DR  
City-St-Zip: EDGEWATER, FL 32141

Title: DV ( ) Delete  
Name: VITKAUSKUS, MARIANNE  
Address: 157 S CORY DR  
City-St-Zip: EDGEWATER, FL 32141

Title: SD ( ) Delete  
Name: ASHTON, EMORY  
Address: 152 S. CORY DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: DT ( ) Delete  
Name: GROMOTKA, BARBARA J TREAS  
Address: 120 S. CORY DRIVE  
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete  
Name: KLISE, KENNY  
Address: 143 S. CORY DRIVE  
City-St-Zip: EDGEWATER, FL 321417224

Title: DT ( ) Delete  
Name: SMITH, BRANDON  
Address: 115 S CORY DR  
City-St-Zip: EDGEWATER, FL 32141

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

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

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

Title: SD (X) Change ( ) Addition  
Name: HALSTROM, RAY  
Address: 119 N. CORY DRIVE  
City-St-Zip: EDGEWATER, FL 32141

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

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: ANTHONY RAIMONDO

PD

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date