

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729718

Entity Name: CORTEZ VILLAS CONDOMINIUM 3 ASSOCIATION, INC.**Current Principal Place of Business:**6918 42ND CT E
SARASOTA, FL 34243**Current Mailing Address:**C/O CANOPY ASSOCIATIONS MGMT
POI BOX 50812
SARASOTA, FL 34232 US**FEI Number:** 59-1525892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MELENDY, DONNIE P
C/O CANOPY ASSOCIATIONS MANAGEMENT
6918 42ND CT E
SARASOTA, FL 34243 US*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:** DONNIE P MELENDY

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VP, SECRETARY**Name** RINALDI, GENE**Address** C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 50812**City-State-Zip:** SARASOTA FL 34232**Title** DIRECTOR**Name** SHARP, KARL**Address** C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 50812**City-State-Zip:** SARASOTA FL 34232**Title** TREASURER**Name** CERRI, TERI**Address** C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 50812**City-State-Zip:** SARASOTA FL 34232**Title** PRESIDENT**Name** SMITH, JANELL**Address** C/O CANOPY ASSOCIATIONS MGMT
POI BOX 50812**City-State-Zip:** SARASOTA FL 34232**Title** MANAGER**Name** MELENDY, DONNIE P**Address** C/O CANOPY ASSOCIATIONS MGMT
POI BOX 50812**City-State-Zip:** SARASOTA FL 34232

I hereby 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 all other like empowered.

SIGNATURE: DONNIE P MELENDY

MANAGER

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date