

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729718

Entity Name: CORTEZ VILLAS CONDOMINIUM 3 ASSOCIATION, INC.**Current Principal Place of Business:**4107 35TH AVE. W
BRADENTON, FL 34205**Current Mailing Address:**C/O CANOPY ASSOCIATIONS MGMT, LLC
PO BOX 258
PARRISH, FL 34219 US**FEI Number:** 59-1525892**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIZZI, LINDA PRESIDENT
STEPHEN THOMPSON, PA
1401 8TH AVE W
BRADENTON, FL 34205 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:** LINDA PIZZI

06/02/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PIZZI, LINDA
Address C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 258
City-State-Zip: PARRISH FL 34219

Title VP
Name RINALDI, MARY
Address C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 258
City-State-Zip: PARRISH FL 34219

Title TREASURER
Name FREDERICK, FAYE
Address C/O CANOPY ASSOCIATIONS
MANAGEMENT
PO BOX 258
City-State-Zip: PARRISH FL 34219

Title SECRETARY
Name CAMPBELL, JUNE
Address C/O CANOPY ASSOCIATIONS
MANAGEMENT, LLC
PO BOX 258
City-State-Zip: PARRISH FL 34219

Title DIRECTOR AT LARGE
Name DYKSTRA, THOMAS
Address C/O CANOPY ASSOCIATIONS
MANAGEMENT, LLC
PO BOX 258
City-State-Zip: PARRISH FL 34219

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: FAYE FREDERICK

TREASURER

06/02/2020

Electronic Signature of Signing Officer/Director Detail

Date