

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724644 (0)

1. Corporation Name

CORDOVA GREENS SECOND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10033 9TH ST N
ST. PETERSBURG FL 33716

10033 9TH ST N
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
10/26/1972

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1432764

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMPART PROPERTIES, INC.
10033 9TH ST N
ST. PETERSBURG FL 33716**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODRICH, HOWARD	
STREET ADDRESS	1504 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEACHEY, JOHN	
STREET ADDRESS	808 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, PAM	
STREET ADDRESS	1301 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JERRY	
STREET ADDRESS	1005 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, BOB	
STREET ADDRESS	715 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STARBUCK, CHARLES	
STREET ADDRESS	718 CORDOVA GREENS	
CITY-ST-ZIP	LARGO FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10033 9th St. N.
1.4 CITY-ST-ZIP	St Petersburg, FL 33716
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10033 9th St. N.
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Leo Mikol
3.3 STREET ADDRESS	10033 9th St. N.
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	10033 9th St. N.
4.4 CITY-ST-ZIP	St Petersburg, FL 33716
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10033 9th St. N.
5.4 CITY-ST-ZIP	St. Petersburg FL 33716
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	10033 9th St. N.
6.4 CITY-ST-ZIP	St. Petersburg FL 33716

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Starbuck* 2/26/96 (813) 577-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)