

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 724644 (0)**

1. Corporation Name  
**CORDOVA GREENS SECOND CONDOMINIUM ASSOCIATION, I NC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>10033 9TH ST N<br/>ST. PETERSBURG FL 33716</b> | Mailing Address<br><b>10033 9TH ST N<br/>ST. PETERSBURG FL 33716</b> |
|--|--|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>10/26/1972</b> |   |
| 4. FEI Number<br><b>59-1432764</b>                     | Applied For<br><input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GOODRICH, HOWARD</b>                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 1.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 1.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEACHEY, JOHN</b>                      | 2.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 2.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 2.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MIKOL, LEO</b>                         | 3.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 3.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 3.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JOHNSTON, JERRY</b>                    | 4.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 4.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 4.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ARMSTRONG, BOB</b>                     | 5.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 5.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 5.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STARBUCK, CHARLES</b>                  | 6.2 NAME  |  |
| STREET ADDRESS             | <b>10033 9TH STREET NORTH</b>             | 6.3 STREET ADDRESS                                    | <b>10033 Ninth St. N. 2<sup>nd</sup> Fl.</b>                                 |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL</b>                  | 6.4 CITY-ST-ZIP                                       | <b>St. Petersburg, FL 33716-3805</b>   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 R. Starbuck* Feb 23 1998 (813) 712-8989

CP2E037 (10/97)