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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90168 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724644

1. Corporation Name
CORDOVA GREENS SECOND CONDOMINIUM ASSOCIATION, INC.

417320 - 90168 - 1

Principal Place of Business 10033 9TH ST N ST. PETERSBURG FL 33716	Mailing Address 10033 9TH ST N ST. PETERSBURG FL 33716
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/26/1972	4. FEI Number 59-1432764 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Elector Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	GOODRICH, HOWARD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10033 NINTH ST N 2ND FL	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33716	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	LEACHEY, JOHN <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10033 NINTH ST N 2ND FL	2.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33716	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	MIKOL, LEO <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10033 NINTH ST N 2ND FL	3.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33716	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE S	JOHNSTON, JERRY <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10033 NINTH ST NO 2ND FL	4.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33716	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	ARMSTRONG, BOB <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Howard Stivers
NAME	10033 NINTH ST NO 2ND FL	5.2 NAME	10033 9th Street N.
STREET ADDRESS	ST. PETERSBURG FL 33716	5.3 STREET ADDRESS	St. Petersburg, FL 33716
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE PD	STARBUCK, CHARLES <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10033 NINTH ST NO 2ND FL	6.2 NAME	
STREET ADDRESS	ST. PETERSBURG FL 33716	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in 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 6-7, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Starbuck* 3/22/99 727 712 8189
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)