

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 733001 (2)
1. Corporation Name
CORDOVA GREENS OF LARGO, INC.

Principal Place of Business Mailing Address
1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US
1700 MCMULLEN BOOTH RD. SUITE C-3 CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1975 3a. Date of Last Report 04/14/1994

4. FEI Number 59-2013913 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
HICKS, JOYCE M.
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name LEIGHTON, LENNARD A.
82 Street Address (P.O. Box Number is Not Acceptable) c/o SEABOARD ARBORS MANAGEMENT SERVICES, INC.
83 1700 MCMULLEN BOOTH ROAD, SUITE C3
84 City CLEARWATER FL 85 Zip Code 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/23/95

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | PD |
| NAME | WEAVER, WILLIAM |
| STREET ADDRESS | 8883 BARDMOOR BLVD S208 |
| CITY - ST - ZIP | LARGO FL |
| TITLE | TD |
| NAME | MASTENBROOK, ROSE |
| STREET ADDRESS | 8881 BARDMOOR BLVD. 503 |
| CITY - ST - ZIP | LARGO FL |
| TITLE | SD |
| NAME | CURRAN, P.J. |
| STREET ADDRESS | 8883 BARDMOOR BLVD. 202 |
| CITY - ST - ZIP | LARGO FL |
| TITLE | D |
| NAME | STEVENS, JUDITH M. |
| STREET ADDRESS | 8881 BARDMOOR BLVD., SUITE 508 |
| CITY - ST - ZIP | LARGO FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 110.07(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: *Rose Mastenbrook, Treasurer* DATE: 4-12-95 393-9300
Rose Mastenbrook