FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 04, 1999 8:00 am § Secretary of State 03-04-1999 90097 041 ****61.25

DOCUMENT # 700001

1. Corporatio								
CORDO\	/A GREENS OF LARGO, INC	3.						
Principal Plac	e of Business	Mailing Address						
2753 STATE RD 580 2753 STATE RD 580						T TO BEST TO DEB COLOR TIRTH BOTTO CONTO STOLE BLOCK	ILBA BEBU BIRIF BIB	II SISII ISBI
2733 STATE ND 360 2733 STATE ND 360 207								
CLEARWATER FL 33761 CLEARWATER FL 33761							I B	
US		US						
						Date Incorporated or Qualifed		
一 ・	Place of Business	2a. Mailing Address				06/10/1975		
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FEI Number	Ap	plied For
22	w, 610.	27				59-2013913		t Applicable
City & Stat	te	City & State					\$8.75 /	Additional
23		28				5. Certifcate of Status Desired	Fee Re	quired
Zip	Country	Zip	Coun	try		6. Election Campaign Financing	\$5.00	May Be
24	25	29	30			Trust Fund Contribution	Added t	o Fees
	9 Name and Address of Curren	t Registered Agent				10. Name and Address of New Registers	d Agent	
			18	31 Nar	ne			
REARDON, MAUREEN C			1	32 Stre	Street Address (P.O. Box Number is Not Acceptable)			
2753 STATE RD 580			-					
207				33				
CLEARWATER FL 33761			1	84 City FL 85 Zip Code				Code
11. Pursuant	to the provisions of Sections 617.050; registered agent, or both, in the State (2 and 617.1508, Florida Statute of Florida. Such change was au	s, the about thorized b	ove-namov the co	ed corpo prporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	or changing its pointment as re	gistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 617.0503, Flor	ida Statut	es.	•			
SIGNATURE						when reinstating) DATE		
12.	Signature, typed or printed name of registored agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		Registered Agent signature required 13.		ure required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VTD	☐ DELETE		E	P/		Change	☐ Addition
NAME	MASTENBROOK, ROSE	•	1.2 NAM	ΙE	' '			
STREET ADDRESS		,	1.3 STR	EET ADDR	ESS			-
CITY-ST-ZIP	LARGO FL	•	1.4 CITY	-ST-ZIP	-			
TITLE	SD DELETE		2.1 TITLE		S	/D	Change	Addition
NAME	CURRAN, P.J.		2.2 NAV	2.2 NAME		ARK, RITA A.		
STREET ADDRESS)	2.3 STR	EET ADOR		593 BARDMOOR BLVD #B207		
CITY-ST-ZIP	LARGO FL	_	2.4 CIT	Y-ST-ZIP	L	ARGO FL 33777		
TITLE	PD	☐ DELETE	3.1 TITL	Ε	V/		Change Change	Addition
NAME	STEVENS, JUDITH M.		3.2 NAM	IE.				
STREET ADDRESS		3	3.3 STR	EET ADDR	ESS			
CITY-ST-ZIP	LARGO FL		3.4. CIT	Y-ST-ZIP			···	
TITLE		☐ DELETE	4.1 TITL	E	T/		☐ Change	Addition
NAME			4. 2 NA	Æ		ISS, H. ALLEN		
STREET ADDRESS	:		4.3 STR	EET ADDR		505 BARDMOOR BLVD #A106		
CITY-ST-ZIP				-ST-ZIP		RGO FL 33777		No a delica-
TITLE		☐ DELETE	5.1 TITL		D	-T.O. DOVOE 1070	Change	Addition
NAME			5.2 NAM			TAS-PRICE, LOIS		[
STREET ADDRESS	S			EET ADDR	0	593 BARDMOOR BLVD #B102	•	
C/TY-ST-ZIP		- DELETE	5.4 CIT	/-ST-ZIP	_ LF	NRGO FL 33777	Change	Addition
TITLE	7 0.	☐ DELETE	6.2 NAA				□ ∧iraii96	
NAME	7. PM	p, p = 1.		EET ADDR	FSS			
STREET ADDRESS	10/1-//	Motentenda		-ST-ZIP				
CITY-ST-ZIP		VUUNINIVII (A. T. VV	0.4 UII	-31-ZIF	1]

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

SIGNATURE: