


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-05-2005 90222 029 ****61.25

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| | | | |
|---|----------------------------|--|--|
| DOCUMENT # 733001 | |  | |
| 1. Entity Name CORDOVA GREENS OF LARGO, INC. | | | |
| Principal Place of Business % GOLDSTAR MANAGEMENT 2435 US HWY 19 SUITE 270 HOLIDAY, FL 34691 US | | Mailing Address % GOLDSTAR MANAGEMENT 2435 US HWY 19 SUITE 270 HOLIDAY, FL 34691 US | |
| 2. Principal Place of Business <i>To Resource Prop Mgmt</i> 7300 Park Street City & State Seminole FL Zip 33777 Country US | | 3. Mailing Address <i>To Resource Prop Mgmt</i> 7300 Park Street City & State Seminole FL Zip 33777 Country US | |
| 4. FEI Number 59-2013913 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORIDA CENTRAL MGMT. 2430 ESTANCIA BLVD. #114 CLEARWATER, FL 33761 | | 7. Name and Address of New Registered Agent Name <i>Resource Property Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>7300 Park Street</i> City <i>Seminole</i> FL Zip Code <i>33777</i> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>Justy Thomas</i> <small>Signature, typed or printed name of registered agent and fee if applicable.</small> | | DATE <small>(NOTE: Registered Agent signature required when reinstated)</small> | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | |
| NAME | LESTER, MICHAEL | | |
| STREET ADDRESS | 8681 BARDMOOR BLVD., 407C | | |
| CITY-ST-ZIP | LARGO, FL 33777 | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | |
| NAME | GEORGE, LARRY | | |
| STREET ADDRESS | 248 W CREST DR. | | |
| CITY-ST-ZIP | CINCINNATI, OH 45215 | | |
| TITLE | VPD | <input type="checkbox"/> Delete | |
| NAME | SCHULKAMP, DANIEL | | |
| STREET ADDRESS | 8605 BARDMOOR BLVD. 102A | | |
| CITY-ST-ZIP | LARGO, FL 33777 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | |
| NAME | FAZIO, ELIZABETH JANE | | |
| STREET ADDRESS | 8681 BARDMOOR BLVD., #406C | | |
| CITY-ST-ZIP | LARGO, FL 33777 | | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | RUDIN, WALTER | | |
| STREET ADDRESS | 1748 HARRISON, D-4 | | |
| CITY-ST-ZIP | TRENTON, MI 48183 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | PD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Ingram, Art | | |
| STREET ADDRESS | 8693 Bardmoor Blvd # 303B | | |
| CITY-ST-ZIP | LARGO FL 33777 | | |
| TITLE | VPD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Michael-Price, Lois | | |
| STREET ADDRESS | 8695 Bardmoor Blvd # 102B | | |
| CITY-ST-ZIP | LARGO FL 33777 | | |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Rebou, Victoria | | |
| STREET ADDRESS | 8693 Bardmoor Blvd # 302B | | |
| CITY-ST-ZIP | LARGO FL 33777 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Arthur R. Ingram</i> | | Date: <i>6-23-05</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |