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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745534**

1. Corporation Name

CORDOVA GARDENS CONDOMINIUM ASSOCIATION, INC.

440240 - 90038 - 3

Principal Place of Business	Mailing Address
1801 GLENGARY STREET C/O CONDOMINIUM MANAGEMENT INC SARASOTA FL 34231-3603	1801 GLENGARY STREET C/O CONDOMINIUM MANAGEMENT INC SARASOTA FL 34231-3603

2. Principal Place of Business
21 Condo Keepers
Suite, Apt. #, etc.
22 630 South Orange Ave Suite 101
City & State
23 Sarasota Florida
Zip 24 34236 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
01/12/1979

4. FEI Number
59-2064066
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. *Election Campaign Financing* Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CURLESS, JERRY
630 SOUTH ORANGE, SUITE 101
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name Condo Keepers
82 Street Address (P.O. Box Number is Not Acceptable) 630 South Orange Ave
83 Suite 101
84 City Sarasota FL 85 Zip Code 34236

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VROSS, JERRY	1.2 NAME	
STREET ADDRESS	950 S. TAMIAMI TRAIL, #204	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANGLER, PAUL	2.2 NAME	
STREET ADDRESS	2208 BAHIA VISTA ST. #F4	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCANLAN, GUY	3.2 NAME	
STREET ADDRESS	2216 BAHIA VISTA ST. H-7	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CREATON, CAROLINE	4.2 NAME	
STREET ADDRESS	2204 BAHI VISTA ST. #D-8	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALBERICO, HENRY	5.2 NAME	
STREET ADDRESS	2220 BAHIA VISTA ST., #G-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	AS ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, P. RICHARD	6.2 NAME	
STREET ADDRESS	1801 GLENGARY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/25/99 941 952-0888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #