

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745534

1. Entity Name

CORDOVA GARDENS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90005 048 ****61.25

0052615

Principal Place of Business	Mailing Address
CONDO KEEPERS 630 SOUTH ORANGE AVENUE, SUITE 101 SARASOTA FL 34236 US	CONDO KEEPERS 630 SOUTH ORANGE AVENUE, SUITE 101 SARASOTA FL 34236 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-2064066	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CONDO KEEPERS 630 SOUTH ORANGE AVENUE SUITE 101 SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE	<i>Ann Seaburg</i>	<i>Ann Seaburg</i>	4-16-02
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANGLER, PAUL 2208 BAHIA VISTA ST. #F4 SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONGLER, PAUL 2208 BAHIA VISTA ST. F4 SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLVERSON, SARAH 2204 BAHIA VISTA B-1 SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERICO, HENRY 2220 BAHIA VISTA ST., #G=5 SARASOTA FL 34239 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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>Ann Seaburg</i>	4-16-02	941 957 4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/01)