

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90217 047 ****61.25

DOCUMENT # 745534 1. Entity Name CORDOVA GARDENS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2212 BAHIA VISTA SARASOTA FL 34239 US	Mailing Address CASEY MGMT. 4370 S TAMiami TRl., #156 SARASOTA FL 34231 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

14007657



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2064066	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASEY CONDOMINIUM MGMT. 4370 S TAMiami TRAIL STE 156 SARASOTA FL 34231	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Sarah Solverson* AND SEABURY ASSOC. MGR 4/22/05
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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANGLER, PAUL 2208 BAHIA VISTA ST F4 SARASOTA FL 34239 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Harper, Maryann 2216 Bahia Vista - H-1 Sarasota, FL 34237 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLVERSON, SARAH 2204 BAHIA VISTA ST B SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Solverson, Sarah 2204 Bahia Vista St B Sarasota, FL 34239 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARLANE, REID 2208 BAHIA VISTA ST F3 SARASOTA FL 34239 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Moreland, Sue 2216 Bahia Vista, H4 Sarasota, FL 34237 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, SUZANNE 2204 BAHIA VISTA D6 SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murray, Suzanne 2204 Bahia Vista D6 Sarasota FL 34239 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMANUELLI, SOPHIA 2228 BAHIA VISTA ST., C-5 SARASOTA FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Emanuelli, Sophia 2228 Bahia Vista St., C-5 Sarasota, FL 34239 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: *Sarah Solverson* SARAH SOLVERSON 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #