

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **748846** (3)
1. Corporation Name
CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O REAL EQUITY CONSULTANTS, INC. **1700 MCMULLEN BOOTH ROAD**
SUITE C-3 **SUITE C-3**
LARGO FL 89619 **CLEARWATER FL 34619**
US **US**

3. Date Incorporated or Qualified **09/10/1979** 3a. Date of Last Report **03/23/1995**
4. FEI Number **59-1976038** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1700 McMullen Booth Road** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite C-3** 27
City & State City & State
23 **Clearwater, Fl.** 28
Zip Country Zip Country
24 **34619** 25 **USA** 29 **34619** 30 **USA**

9. Name and Address of Current Registered Agent
LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MANAGEMENT SERVICES,
1700 MCMULLEN BOOTH ROAD, SUITE C3
CLEARWATER FL 34619
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ Signature, typed or printed name of registered agent or officer if applicable (NOTE: Registered Agent's signature is filed when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANAS, EDWARD	12 NAME	Wolf, Annette
STREET ADDRESS	8703 BARDMOOR BLVD #205	13 STREET ADDRESS	8765 Bardmoor Blvd., #F-108
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	Largo, Fl. 34647
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLATER, PEGGY	22 NAME	Huber, Jack
STREET ADDRESS	8799 BARDMOOR BLVD G102	23 STREET ADDRESS	8799 Bardmoor Blvd., #G102
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	Largo, Fl. 34647
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, GLENDEL	32 NAME	
STREET ADDRESS	8765 BARDMOOR BLVD #203	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ARTHUR	42 NAME	
STREET ADDRESS	8765 BARDMOOR BLVD #307	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, RUTH	52 NAME	
STREET ADDRESS	8765 BARDMOOR BLVD #101	53 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WARREN T	62 NAME	
STREET ADDRESS	8799 BARDMOOR BLVD G101	63 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Edward P Banas **EDWARD P BANAS** 2-20-96 3916538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (12/95)