

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748846 (3)**  
1. Corporation Name  
**CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1700 MCMULLEN BOOTH RD STE C-3 CLEARWATER FL 34619 US</b>	Mailing Address <b>1700 MCMULLEN BOOTH ROAD SUITE C-3 CLEARWATER FL 34619-2129 US</b>
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3. Date Incorporated or Qualified <b>09/10/1979</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number <b>59-1976038</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BANAS, EDWARD</b>		1.2 NAME	
STREET ADDRESS <b>8703 BARDMOOR BLVD #205</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>1st VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SLATER, PEGGY</b>		2.2 NAME	
STREET ADDRESS <b>8799 BARDMOOR BLVD G102</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEBB, GLENDEL</b>		3.2 NAME	
STREET ADDRESS <b>8785 BARDMOOR BLVD #203</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JENNINGS, ARTHUR</b>		4.2 NAME <b>Huber, John</b>	
STREET ADDRESS <b>8765 BARDMOOR BLVD #307</b>		4.3 STREET ADDRESS <b>8799 Bardmoor Blvd., #305</b>	
CITY-ST-ZIP <b>LARGO FL</b>		4.4 CITY-ST-ZIP <b>Largo, Fl.</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOLF, ANNETTE</b>		5.2 NAME <b>Paris, Fay</b>	
STREET ADDRESS <b>8765 BARDMOOR BLVD F-108</b>		5.3 STREET ADDRESS <b>8703 Bardmoor Blvd., #102</b>	
CITY-ST-ZIP <b>LARGO FL</b>		5.4 CITY-ST-ZIP <b>Largo, Fl.</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARSHALL, WARREN T</b>		6.2 NAME	
STREET ADDRESS <b>8799 BARDMOOR BLVD G101</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LARGO FL</b>		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Glenadel Webb 4/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067210

CR2E037 (9/96)