

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90020 049 ****61.25

DOCUMENT # 748846

1. Entity Name

CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2189 CLEVELAND ST., #225 CLEARWATER, FL 33765 US	2189 CLEVELAND ST., #225 CLEARWATER, FL 33765 US

2. Principal Place of Business	3. Mailing Address
c/o SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US	Si c/o SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1976038	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LENNARD A. C/O SEABOARD ARBORS MANAGEMENT SERVICES, 172189 CLEVELAND ST., #225) CLEARWATER, FL 33765	LEIGHTON, LEN C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765 US 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to 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	D BANAS, EDWARD 8703 BARDMOOR BLVD #205 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLATER, PEGGY 8799 BARDMOOR BLVD G102 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, GLENDEL 8765 BARDMOOR BLVD #203 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBER, JOHN 8799 BARDMOOR BLVD., #305 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIS, FAY 8703 BARDMOOR BLVD., #102 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, WARREN T 8799 BARDMOOR BLVD G101 LARGO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn E. Webb, President 1/27/2000*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #