

DOCUMENT # 748846

1. Entity Name

CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90080 034 ****61.25

Principal Place of Business

Mailing Address

2189 CLEVELAND ST 225
CLEARWATER FL 33765
US

2189 CLEVELAND ST 225
CLEARWATER FL 33765
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1976038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$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,
2189 CLEVELAND ST STE225
CLEARWATER FL 33765

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

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.

Not Applicable

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D BANAS, EDWARD
8703 BARDMOOR BLVD #205
LARGO FL

VPD SLATER, PEGGY
8799 BARDMOOR BLVD G102
LARGO FL

PD WEBB, GLENDEL
8765 BARDMOOR BLVD #203
LARGO FL

TD HUBER, JOHN
8799 BARDMOOR BLVD., #305
LARGO FL

SD PARIS, FAY
8703 BARDMOOR BLVD., #102
LARGO FL

D MARSHALL, WARREN T
8799 BARDMOOR BLVD G101
LARGO FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TD KENNETH RICE
8799 BARDMOOR BLVD G301
LARGO FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

D ANNETTE WOLF
8765 BARDMOOR BLVD F108
LARGO FL

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2001

Date

727-392-5080

Daytime Phone #

CR2E037 (10/00)