


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90313 006 \*\*\*\*61.25

<b>DOCUMENT # 748846</b>					
1. Entity Name CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2435 US HWY 19 STE 270 HOLIDAY, FL 34691 US		Mailing Address 2435 US HWY 19 STE 270 HOLIDAY, FL 34691 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1976038	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO INC 2435 US 19 STE 270 HOLIDAY, FL 34691				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, JOHN		NAME	Kerri Daughman	
STREET ADDRESS	8765 BARDMOOR BLVD #F201		STREET ADDRESS	8749 Bardmoor Blvd # 202	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	Largo, FL 33777	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, PAUL		NAME	Susan Van Dyke	
STREET ADDRESS	8765 BARDMOOR BLVD F201		STREET ADDRESS	8799 Bardmoor Blvd #305	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	Largo, FL 33777	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURFEE, DEBBIE		NAME	Laurence DiGiovanni	
STREET ADDRESS	8799 BARDMOOR BLVD, G305		STREET ADDRESS	8765 Bardmoor Blvd #307	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	Largo FL 33777	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JUDY		NAME		
STREET ADDRESS	8799 BARDMOOR BLVD #G-203		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTAMURA, PATRICIA		NAME		
STREET ADDRESS	10013 118 WAY N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Laurence P. DiGiovanni</i>			18 April 05 727510793		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
Laurence P. DiGiovanni					

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