

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90071 022 ****61.25

DOCUMENT # 748846

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**

90004279



CHECK HERE IF MAKING CHANGES

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

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDMAN, WILLIAM
C/O GOLD STAR MGT CO. INC.
2435 US HWY 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

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.

\$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 TO

TITLE **PD** Delete
NAME **TANNER, JOHN**
STREET ADDRESS **8765 BARDMOOR BLVD #F201**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **PD** Change Addition
NAME **JOHN TANNER**
STREET ADDRESS **8765 BARDMOOR BLVD F201**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **VD** Delete
NAME **DOETSCH, PHIL**
STREET ADDRESS **8765 BARD MOOR BLVD #F204**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **SD** Change Addition
NAME **PAUL MARTIN**
STREET ADDRESS **8755 BARDMOOR BLVD H 103**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **PD** Delete
NAME **SHEPPARD, LAMAR**
STREET ADDRESS **8765 BARD MOOR BLVD #F208**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **D** Change Addition
NAME **DEBBIE DURFEE**
STREET ADDRESS **8799 BARDMOOR BLVD G 305**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **TD** Delete
NAME **PRESTON, JOYCE**
STREET ADDRESS **8799 BARD MOOR BLVD #G105**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **TD** Change Addition
NAME **KIM PRESTON**
STREET ADDRESS **8799 BARDMOOR BLVD G 105**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **SD** Delete
NAME **CLARK, PHYLLIS**
STREET ADDRESS **8765 BARD MOOR BLVD #F1010**
CITY-ST-ZIP **LARGO FL 33777**

TITLE **D** Change Addition
NAME **PHYLLIS CLARK**
STREET ADDRESS **8765 BARDMOOR BLVD F101**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE ACQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

289-2826

CR2E037 (10/02)