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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762508** (0)
1. Corporation Name
CORDOVA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% EMANUEL J. LOVOY 3481 CARLOTTA STREET PENSACOLA FL 32503	3481 CARLOTTA ST PENSACOLA FL 32503 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
03/19/1982	Not Applicable
4. FEI Number	
59-2516843	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SMITH, SUSAN S DR.
3531 LA MANCHA WAY
PENSACOLA FL 32503-4350**

10. Name and Address of New Registered Agent
81 Name CAROLYN A. KOON
82 Street Address (P.O. Box Number is Not Acceptable) 3440 LA MANCHA WAY
83
84 City PENSACOLA FL 85 Zip Code 32503

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 *Carolyn A. Koon* **CAROLYN A. KOON** 3/10/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	SMITH, SUSAN S DR.
STREET ADDRESS	3531 LA MANCHA WAY
CITY - ST - ZIP	PENSACOLA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LANGE, HILARY
STREET ADDRESS	3510 LA MANCHA WAY
CITY - ST - ZIP	PENSACOLA FL 32503-4350
TITLE	T <input type="checkbox"/> DELETE
NAME	POYTHRESS, ELLA
STREET ADDRESS	3430 CARLOTTA ST.
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CRANMER, MICHAEL
STREET ADDRESS	3410 CARLOTTA ST.
CITY - ST - ZIP	PENSACOLA FL 32503
TITLE	DT <input type="checkbox"/> DELETE
NAME	CIVELLI, JOSEPH
STREET ADDRESS	203 CAMDEN RD.
CITY - ST - ZIP	PENSACOLA FL 32514
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, GAIL
STREET ADDRESS	3561 LA MANCHA WAY
CITY - ST - ZIP	PENSACOLA FL 32503

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROLYN A. KOON
1.3 STREET ADDRESS	3440 LA MANCHA WAY
1.4 CITY - ST - ZIP	PENSACOLA FL 32503
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HILARY LANGE
2.3 STREET ADDRESS	3510 LA MANCHA WAY
2.4 CITY - ST - ZIP	PENSACOLA FL 32503
3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELLA POYTHRESS
3.3 STREET ADDRESS	3430 CARLOTTA ST.
3.4 CITY - ST - ZIP	PENSACOLA FL. 32503
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LUCY QUECKBOERNER
4.3 STREET ADDRESS	3461 CARLOTTA ST.
4.4 CITY - ST - ZIP	PENSACOLA FL 32503
5.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOSEPH CIVELLI
5.3 STREET ADDRESS	203 CAMDEN RD
5.4 CITY - ST - ZIP	PENSACOLA FL. 32514
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GAIL CLARKE
6.3 STREET ADDRESS	3561 LA MANCHA WAY
6.4 CITY - ST - ZIP	PENSACOLA FL. 32503

14. 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 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: *Carolyn A. Koon* **CAROLYN A. KOON** 3/10/98

CR2E037 (10/97)