

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90087 034 ****61.25

DOCUMENT # 762508

1. Entity Name

CORDOVA VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3481 CARLOTTA STREET
PENSACOLA FL 32503**

Mailing Address

**3481 CARLOTTA STREET
PENSACOLA FL 32503**

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 **59-2516843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, DEAN
3481 CARLOTTA STREET
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **LEONARD QUECKBOERNER**
Street Address (P.O. Box Number is Not Acceptable)
3961 CARLOTTA ST
PENSACOLA
City **FL** Zip Code **32503**

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DEAN	
STREET ADDRESS	3481 CARLOTTA STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OAKES, MARJORIE	
STREET ADDRESS	3421 CARLOTTA STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	T	<input type="checkbox"/> Delete
NAME	POYTHRESS, ELLA	
STREET ADDRESS	3430 CARLOTTA ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	S	<input type="checkbox"/> Delete
NAME	QUECKBOERNER, LUCY	
STREET ADDRESS	3481 CARLOTTA ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUTCHINSON, AUGUSTUS N III	
STREET ADDRESS	3481 LA MANCHA	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, GAIL	
STREET ADDRESS	3561 LA MANCHA WAY	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD QUECKBOERNER	
STREET ADDRESS	3961 CARLOTTA ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM WHITE	
STREET ADDRESS	3471 CARLOTTA ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-8-03 850-436-8982

CR2E037 (10/02)