


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
2006 NOV -9 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011151 1. Entity Name CORDOBA AT BEACH PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7001 LAKE ELLENOR DRIVE SUITE 200 ORLANDO, FL 32809			Mailing Address 7001 LAKE ELLENOR DRIVE SUITE 200 ORLANDO, FL 32809		
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 20-3721322		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
X KAMMERMAN, MARCY H ESQ 5900 N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309			Name Kammerman, Marcy H. Esq. 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 _____					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ANTHONY C 7001 LAKE ELLENOR DRIVE, SUITE 200 ORLANDO, FL 32809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081668067 11/09/06--01042--004 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MARSHALL, MATTHEW ROBERT 7001 LAKE ELLENOR DRIVE, SUITE 200 ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Marcy H. Kammerman 5900 North Andrews Avenue, Suite 500 Fort Lauderdale, Florida 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, TONY 7001 LAKE ELLENOR DRIVE, SUITE 200 ORLANDO, FL 32809 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST James Christopher Cobbs 7001 Lake Ellenor Drive, Suite 200 Orlando, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, RICHARD 5900 N ANDREWS AVE STE 500 FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sam A. Davis II 5215 Beach Breeze Ct. Tampa, FL 33609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Tony Martin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/02/2006 407.816.7211 Date Daytime Phone #		

11/13/06