## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011151

FILED Apr 07, 2008 Secretary of State

Entity Name: CORDOBA AT BEACH PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000

LONGWOOD, FL 327795044

**Current Mailing Address:** New Mailing Address:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 20-3721322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR. 2180 W. SR 434

STE 5000 LONGWOOD, FL 327795044 US HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US

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.

SIGNATURE: JAMES W HART JR 04/07/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete KAMMERMAN, MARCY H Name:

5900 NORTH ANDREWS AVENUE, SUITE 500 Address:

City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Delete COBBS, JAMES C Name:

Address: 7001 LAKE ELLENOR DRIVE. SUITE 200

City-St-Zip: ORLANDO, FL 32809

( ) Delete Title: DAVIS, SAM Name:

114 BEACH HAVEN LN Address: City-St-Zip: TAMPA, FL 33609

(X) Change ( ) Addition HAYWOOD, LESLIE Name:

Address: 5258 W KENNEDY BLVD City-St-Zip: TAMPA, FL 33609

Title: **VPTD** (X) Change ( ) Addition

Name: DAVIS, SAM

Address: 5215 BEACH BREEZE CT City-St-Zip: TAMPA, FL 33609

Title: (X) Change ( ) Addition

Name: COLON, ORLANDO Address: 127 S SHERRILL ST City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE HAYWOOD PD 04/07/2008