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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25840 (2)
1. Corporation Name
CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 717 E OAK STREET STE 203 KISSIMMEE FL 34744 US	Mailing Address 717 E OAK STREET STE 203 KISSIMMEE FL 34744-4580 US
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3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 02/21/1996
4. FEI Number 59-2917552	Applied for Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 717 E. Oak Street Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34744	2a. Mailing Address 26 717 E. Oak Street Suite, Apt. #, etc. 27 City & State 28 Kissimmee, FL Zip 29 34744	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent
**SWART, HARRY J, CPA
717 E OAK STREET
SUITE 203
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent
81 Name
Swart, Harry J., CPA
82 Street Address (P.O. Box Number is Not Acceptable)
717 E. Oak Street
83
84 City
Kissimmee **FL** 85 Zip Code
34744

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	HENRY, SHARON	
STREET ADDRESS	717 E OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	<input type="checkbox"/>
NAME	GRIEB, MARY M.	
STREET ADDRESS	59 A CORDONA DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/>
NAME	SWART, HARRY J	
STREET ADDRESS	717 E OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 _____ DATE **3/12/97**

CR2E037 (9/96)