


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N25840**  
 1. Entity Name  
 CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 717 E. OAK STREET KISSIMMEE, FL 34744 US	Mailing Address 717 E. OAK STREET KISSIMMEE, FL 34744 US
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**DO NOT WRITE IN THIS SPACE**



03062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2917552	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SWART, HARRY J, CPA  
 717 E. OAK STREET  
 KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000115661 04/16/04-80033-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMEREZ, SHIRLEY 59F CORDONA DR KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIEGER, HOLLY 59 E CORDONA PLACE KISSIMMEE, FL 34758
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **HOLLY KRIEGER** 14-APR-04 407-944-0174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #