

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # N43873**

## CORDOVA PLACE HOMEOWNERS ASSOCIATION OF PENSACOL A. INC.

Principal Place of Business 2107 AIRPORT BOULEVARD PENSACOLA FL 32504

2. Principal Place of Business

Mailing Address

P.O. BOX 30496 PENSACOLA FL 32503

2a. Mailing Address

## **FILED** Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90008 023 \*\*\*\*61.25

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3. Date incorporated or Qualifed

06/12/1991

21		[26]					00/ 12/ 11					
Suite, Apt.	#, etc.	<b>⊢</b> ⊸-	Apt. #, etc.				4. FEI Numbe 59-3052			, <del> </del>	iled For	
22		27					39 3032	U <del>0</del> 1			Applicable	
City & State	•	City & State					5. Certifcate of	of Status Desired		<b>\$8.75</b> A	1	
Zip	Country	Zip		Countr	ý		6. Election Ca	ampaign Financing		\$5.00	May Be	
24	25	29	[-	30			Trust Fund	Contribution		Added to	Fees	
	9. Name and Address of Currer			<u> </u>	-		10. Name and	Address of New I	Registered	Agent		
	o. Italie and Addiess of Carro.		•	81	l Nan	ne		<del></del>				
CONNELL, JOHN BAARS				82	82 Street Address (P.O. Box Number is Not Acceptable)							
2107 AIRPORT BOULEVARD												
PENSACOLA FL 32504					3							
PENSACO	LA FL 32304											
	-			84					FL	85 Zip C		
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such	i change was au	honzed by	∕tneco	ed corpor orporation	ation submits the s board of direc	is statement for the tors. I hereby accept	purpose of pt the appoi	changing its i ntment as reg	egistered istered	
	The state of the s	,									ļ	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable	. (NOTE: F	Registered Age	nt signati	ire required w	hen reinstating)	- <del></del>	DATE			
12.	•	D DIRECTORS		13.			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD	<del></del>	DELETE	1.1 TITLE		<u> </u>				☐ Change	Addition	
NAME	TURNER, DONALD			1.2 NAME							ŀ	
	2333 ARRIVISTE WAY			1.3 STREE		.ee						
STREET ADDRESS	PENSACOLA FL					.55						
CITY-ST-ZIP			TI DELETE	1.4 CITY-:	S1-21P	+ $=$	72			Change	Addition	
TITLE	SD DEFENSE		PANCTELE				, , , , , , , , , , , , , , , , , , ,	CHENWO	ald	ondingo		
NAME	RITCHIE, DEE DEE			2.2 NAME			ar larie	Greenwa alysa Pl la, FL 3	ace		ļ	
STREET ADDRESS	2324 ARRIVISTE WAY			2.3 STREE		55 43	704		2504			
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-	ST-ZIP	+	ensaco	IN FL 3	2 30	Change	Addition	
TITLE	TD		☐ DELETE	3.1 TITLE						☐ change	[] Addition	
NAME	HOYT, DAVID			3.2 NAME								
STREET ADDRESS	2305 ARRIVISTE WAY			3.3 STREE	ET ADDRE	SS					i	
CITY-ST-ZIP	PENSACOLA FL			3.4. CITY-	ST-ZIP			-				
TITLE			☐ DELETE	4.1 TITLE	14V		PD	0 1		Change	Addition	
NAME				4. 2 NAME	•	10	M.E.	achado			İ	
STREET ADDRESS				4.3 STREE	ET ADDRÉ	ss 2.	305 M	alyer P	lace			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	P	en sac	ola, ru	32504			
TITLE			□ DELETE	5.1 TITLE				·		Change	☐ Addition	
NAME				5.2 NAME		1						
STREET ADDRESS				5.3 STRE	ET ADDRE	ss					1	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP							
TITLE			☐ DELETÉ	6.1 TITLE						☐ Change	☐ Addition	
NAME				6.2 NAME						~		
STREET ADDRESS				6.3 STRE	ET ADDRE	ss				•		
				6.4 CITY-	ST-ZIP							
CITY-ST-ZIP	15 H + H - 15 F 15 - 1	:al. al.:. #1:				tod in So	ction 119 07/3\/	i) Florida Statutes	I further co	tify that the in	formation	

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 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 changes or on an attachment with an address, with all other life empowered.