

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90044 002 \*\*\*\*61.25

**DOCUMENT # N43873**

1. Entity Name

**CORDOVA PLACE HOMEOWNERS ASSOCIATION OF PENSACOLA**

Principal Place of Business

Mailing Address

2107 AIRPORT BOULEVARD  
 PENSACOLA FL 32504

P.O. BOX 30496  
 PENSACOLA FL 32503-1496  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*P.O. Box 30496*

3. Mailing Address

Suite, Apt. #, etc.

*Pensacola, FL*

Suite, Apt. #, etc.

City & State

*32503-1496*

City & State

4. FEI Number

**59-3052091**

Applied For

Not Applicable

Zip

Country

*USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**CONNELL, JOHN BAARS**  
 2107 AIRPORT BOULEVARD  
 PENSACOLA FL 32504

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TURNER, DONALD	
STREET ADDRESS	2333 ARRIVISTE WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREENWALD, MARJORIE	
STREET ADDRESS	2309 MALYSA PL	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOYT, DAVID	
STREET ADDRESS	2305 ARRIVISTE WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MACHADO, O J	
STREET ADDRESS	2305 MALYSA PL	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*David K. Hoyt*  
**David K. Hoyt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*850-469-0911*