2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # N43873** CORDOVA PLACE HOMEOWNERS ASSOCIATION OF PENSACOL 01-25-2001 90123 025 ****61.25 Principal Place of Business Mailing Address PO BOX 30496 P.O. BOX 30496 PENSACOLA FL 32503-1496 PENSACOLA FL 32503 80009376 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3052091 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) CONNELL, JOHN BAARS 2107 AIRPORT BOULEVARD PENSACOLA FL 32504 Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition TURNER, DONALD NAME NAME STREET ADDRESS 2333 ARRIVISTE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE SD ☐ Delete TITLE ☐ Addition ☐ Change NAME GREENWALD, MARJORIE NAME STREET ADDRESS 2309 MALYSA PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE TD ☐ Delete THTLE Change Addition NAME HOYT, DAVID NAME STREET ADDRESS 2305 ARRIVISTE WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL Ambrose, Michael 2315 Malysa Place Pensacola, FL 32504 X Delete ☐ Addition TITLE

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

CITY-ST-ZIP

NAME

TITLE

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Delete

STREET ADDRESS

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MACHADO, O J

2305 MALYSA PL

PENSACOLA FL 32504

☐ Change

☐ Addition

Addition