


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N43873

1. Entity Name
CORDOVA PLACE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.



Principal Place of Business PO BOX 30496 PENSACOLA, FL 32503-1496	Mailing Address P.O. BOX 30496 PENSACOLA, FL 32503 US
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01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3052091	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOYT, DAVID 2305 ARRIVISTE WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENWALD, MARJORIE 2309 MALYSA PL PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HICKS, LARRY 2312 MALYSA PL PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, BRENT 2303 ARRIVISTE WAY PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **LARRY K Hicks** **1/9/07** **850-435-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #