

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2009**  
**Secretary of State**

DOCUMENT# N43873

**Entity Name:** CORDOVA PLACE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

2312 MALYSA PLACE  
PENSACOLA, FL 32504

**New Principal Place of Business:**

2305 ARRIVISTE WAY  
PENSACOLA, FL 32504

**Current Mailing Address:**

PO BOX 30496  
PENSACOLA, FL 325031496

**New Mailing Address:**

**FEI Number:** 59-3052091      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HOYT, DAVID  
Address: 2305 ARRIVISTE WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: SD ( ) Delete  
Name: GREENWALD, MARJORIE  
Address: 2309 MALYSA PL  
City-St-Zip: PENSACOLA, FL 32504

Title: T ( ) Delete  
Name: HICKS, LARRY  
Address: 2312 MALYSA PL  
City-St-Zip: PENSACOLA, FL 32504

Title: P (X) Delete  
Name: SCOTT, BRENT  
Address: 2303 ARRIVISTE WAY  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HOYT, DAVID  
Address: 2305 ARRIVISTE WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: SEC (X) Change ( ) Addition  
Name: PRENTICE, JAN  
Address: 2311 MALYSA PLACE  
City-St-Zip: PENSACOLA, FL 32504

Title: TRES (X) Change ( ) Addition  
Name: SCOTT, BRENT  
Address: 2303 ARRIVISTE WAY  
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HOYT

PRES

01/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date