

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 724644

**FILED
Mar 21, 2018
Secretary of State
CC0398163158**

Entity Name: CORDOVA GREENS SECOND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE 301
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1432764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 US

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: DENNIS MANSFIELD

03/21/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HUX, MICHAEL
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name POLAK, JAMES
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name POLAK, JAMES
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name SCHANTZ, MARK
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name MACINTOSH, MARION
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name PUSTELNIK, THOMAS
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name BISHOP, BEVERLY
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name BONFILL, GERARD
Address C/O ASSOCIA GULF COAST
 9887 FOURTH STREET NORTH SUITE
 301
City-State-Zip: ST. PETERSBURG FL 33702

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL HUX

PRESIDENT

03/21/2018

Electronic Signature of Signing Officer/Director Detail

Date