2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724644

Entity Name: CORDOVA GREENS SECOND CONDOMINIUM ASSOCIATION,

INC.

ST. PETERSBURG FL 33702

Apr 22, 2021 Secretary of State 7580060183CC

FILED

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: JOHN HENSLEY 04/22/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

PUSTELNIK, THOMAS E Name Name HUX, MICHAEL

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** Name POLAK, JAMES Name JENKINS, LEAH

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

301

ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

MACLNTOSH, MARION SCHANTZ, MARK Name Name

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address

9887 FOURTH STREET NORTH SUITE 9887 FOURTH STREET NORTH SUITE

ST. PETERSBURG FL 33702 City-State-Zip:

City-State-Zip:

Title DIRECTOR

Name WHIDDEN, SARAH

Address C/O ASSOCIA GULF COAST

9887 FOURTH STREET NORTH SUITE

301

301

ST. PETERSBURG FL 33702 City-State-Zip:

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.

04/22/2021 SIGNATURE: THOMAS PUSTELNIK **PRESIDENT**