

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43873

**FILED**  
**Mar 26, 2020**  
**Secretary of State**  
**7083039585CC**

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

**Current Principal Place of Business:**

225 N PACE BLVD  
PENSACOLA, FL 32505

**Current Mailing Address:**

225 N PACE BLVD  
PENSACOLA, FL 32505 US

**FEI Number: 59-3052091**

**Certificate of Status Desired: No**

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

DORSEY, GLENN  
225 N PACE BLVD  
PENSACOLA, FL 32505 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: GLENN DORSEY**

**03/26/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FORSTER, DENNIS  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           VP  
Name           GREENBERG, LESLYE  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           PRESIDENT  
Name           AMBROSE, MICHAEL  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           DIRECTOR  
Name           BOOKMAN, ALAN  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           DIRECTOR  
Name           TEHRANI, SHANG  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           DIRECTOR  
Name           IVEY, JOHN  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           SECRETARY  
Name           FISHER, ROBERT  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title           DIRECTOR  
Name           SPRUILL, WILLIAM  
Address        225 N PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

*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 AMBROSE**

**PRESIDENT**

**03/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date