


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90046 004 ****61.25

DOCUMENT # 727868	
1. Entity Name	

CORDOVA GREENS THIRD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SEABOARD ARBORS MANAGEMENT SVC, 1 2189 CLEVELAND STREET, SUITE 225 CLEARWATER FL 33765 US	C/O SEABOARD ARBORS MANAGEMENT SVC, 1 2189 CLEVELAND STREET, SUITE 225 CLEARWATER FL 33765 US



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
59-1522490	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LENNARD C/O SEABOARD ARBORS MANAGEMENT SVC, INC 2189 CLEVELAND STREET, SUITE 225 CLEARWATER FL 33765	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, MARTIN	NAME	
STREET ADDRESS	1904 CORDOVA GREENS	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMPKINS, ANN	NAME	D
STREET ADDRESS	1901 CORDOVA GREENS	STREET ADDRESS	FAZIO, BOB
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	1804 CORDOVA GREENS
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, HAL	NAME	
STREET ADDRESS	1901 CORDOVA GREENS	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODING, JERRY	NAME	D
STREET ADDRESS	2304 CORDOVA GREENS	STREET ADDRESS	ZAPOR, EDWARD
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	1801 CORDOVA GREENS
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGROOT, JAMES	NAME	
STREET ADDRESS	2201 CORDOVA GREENS	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hal Tompkins*