

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # 740218

1. Entity Name
**CORDOVA ESTATES HOMEOWNERS ASSOCIATION,
INC**



Principal Place of Business
**3230 HYDE PARK ROAD
PENSACOLA, FL 32503**

Mailing Address
**3230 HYDE PARK ROAD
PENSACOLA, FL 32503**



02172005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3058631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRINGAS, PAUL
3230 HYDE PARK RD.
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CARTAYA, AL
3220 HYDE PARK RD.
PENSACOLA, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAROCCO, PAUL
3210 HYDE PARK ROAD
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLUBBS, ROGER
3245 HYDE PARK RD.
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BAROCCO, LAURIE
3210 HYDE PARK ROAD
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TRINGAS, PAUL
3230 HYDE PARK RD.
PENSACOLA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLUBBS, LINDA
3240 HYDE PARK ROAD
PENSACOLA, FL**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Paul J. Tringas* **PAUL J. TRINGAS**

2/18/05 850-433-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #