


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 740218 1. Entity Name CORDOVA ESTATES HOMEOWNERS ASSOCIATION, INC	
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Principal Place of Business 3230 HYDE PARK ROAD PENSACOLA, FL 32503	Mailing Address 3230 HYDE PARK ROAD PENSACOLA, FL 32503
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03082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3058631	Applied For Not Applicable
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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
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**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 Paul J. Tringas PAUL J. TRINGAS 05/01/08
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000937674
05/27/08-80060-025 61.25

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

**DO NOT WRITE
IN THIS SPACE**

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

Paul J. Tringas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/08 850-433-3700