2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 740218

Entity Name: CORDOVA ESTATES HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

3230 HYDE PARK ROAD
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

3230 HYDE PARK ROAD
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3058631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	CARTAYA, AL	
Address:	3220 HYDE PARK RD.	
City-St-Zip:	PENSACOLA, FL 00000,	
Title:	D	( ) Delete
Name:	BAROCCO, PAUL	
Address:	3210 HYDE PARK ROAD	
City-St-Zip:	PENSACOLA, FL	
Title:	D	( ) Delete
Name:	CLUBBS, ROGER	
Address:	3245 HYDE PARK RD.	
City-St-Zip:	PENSACOLA, FL	
Title:	ST	( ) Delete
Name:	BAROCCO, LAURIE	
Address:	3210 HYDE PARK ROAD	
City-St-Zip:	PENSACOLA, FL	
Title:	P	( ) Delete
Name:	TRINGAS, PAUL	
Address:	3230 HYDE PARK RD.	
City-St-Zip:	PENSACOLA, FL	
Title:	D	( ) Delete
Name:	CLUBBS, LINDA	
Address:	3240 HYDE PARK ROAD	
City-St-Zip:	PENSACOLA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL J. TRINGAS RA 04/26/2009

Electronic Signature of Signing Officer or Director — Date