


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90054 035 ****61.25

DOCUMENT # 745921 1. Entity Name CORDOVA ESTATES, FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 3145 HYDE PARK PLACE PENSACOLA FL 32503-5846	Mailing Address 3145 HYDE PARK PLACE PENSACOLA FL 32503-5846	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2215878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLANKENSHIP, SUZANNE ESQ 4300 BAYOU BOULEVARD SUITE 13 PENSACOLA FL 32503	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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: P NAME: SLOWIKOWSKI, DAN STREET ADDRESS: 3186 HYDE PARK PLACE CITY-ST-ZIP: PENSACOLA FL 32503-5846	<input type="checkbox"/> Delete	TITLE: <i>DP</i> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HUEY, DAVID STREET ADDRESS: 3180 HYDE PARK PLACE CITY-ST-ZIP: PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete	TITLE: <i>Vice President (DVP)</i> NAME: <i>Wanda McBrearty</i> STREET ADDRESS: <i>3187 Hyde Park Place</i> CITY-ST-ZIP: <i>Pensacola, FL 32503</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: BOND, DOUG STREET ADDRESS: 3100 HYDE PARK PLACE CITY-ST-ZIP: PENSACOLA FL 32503	<input type="checkbox"/> Delete	TITLE: <i>D/S</i> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FOREMAN, SAM STREET ADDRESS: 3145 HYDE PARK PLACE CITY-ST-ZIP: PENSACOLA FL 32503-5846	<input type="checkbox"/> Delete	TITLE: <i>D/T</i> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sam A. Foreman, Jr.* *Sam A. Foreman, Jr. Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02-03-07 850-470-0866