

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745921

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** CORDOVA ESTATES, FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3145 HYDE PARK PLACE  
PENSACOLA, FL 325035846

**New Principal Place of Business:**

**Current Mailing Address:**

3145 HYDE PARK PLACE  
PENSACOLA, FL 325035846

**New Mailing Address:**

**FEI Number:** 59-2215878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLANKENSHIP, SUZANNE ESQ  
4300 BAYOU BOULEVARD  
SUITE 13  
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: DP ( ) Delete  
Name: SLOWIKOWSKI, DAN  
Address: 3186 HYDE PARK PLACE  
City-St-Zip: PENSACOLA, FL 325035846

Title: VP ( ) Delete  
Name: MCBREARTY, WANDA  
Address: 3187 HYDE PARK PLACE  
City-St-Zip: PENSACOLA, FL 32503

Title: DS ( ) Delete  
Name: BOND, DOUG  
Address: 3100 HYDE PARK PLACE  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: FOREMAN, SAM  
Address: 3145 HYDE PARK PLACE  
City-St-Zip: PENSACOLA, FL 325035846

**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:

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: SAM FOREMAN

TD

01/18/2009

Electronic Signature of Signing Officer or Director

Date