

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

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90237 037 ****61.25

DOCUMENT # 746705

1. Entity Name
CORDOVA GREENS IV A CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685 US

Mailing Address
4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685 US

50020714



01052005 No Chg-NP OR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1989589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NOLAN, JAMES M SR JR
FIRST CHOICE ASSOC. MGMT
4174 WOODLANDS PKWY.
PALM HARBOR, FL 34685

**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	SD MAYNARD, BARBARA 8699 BARDMOOR BLVD #101 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, CAROLYN 2699 BARDMOOR BLVD., UNIT 306 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYNARD, BARBARA BENNETT, BARBARA 2699 BARDMOOR BLVD., UNIT 101 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, RICHARD 8313 ANN WOOD RD. LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05

Date

Daytime Phone #