

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 018 ****61.25



DOCUMENT # 748846
 1. Entity Name
CORDOVA GREENS V CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 2435 US HWY 19 STE 270
 HOLIDAY, FL 34691 US

Mailing Address
 2435 US HWY 19 STE 270
 HOLIDAY, FL 34691 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1976038 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

4000000000



6. Name and Address of Current Registered Agent
ULM, JEFFREY
C/O GOLDSTAR MANAGEMENT CO INC
2435 US 19 STE 270
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRON, FRANCHIE		NAME	CLAUDIA FULLER	
STREET ADDRESS	8799 BARDMOOR BLVD., #104		STREET ADDRESS	8765 BARDMOOR BLVD #F 105	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	LARGO, FL 33777	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DYKE, SUSAN		NAME	JOHN DOTLE	
STREET ADDRESS	8749 BARDMOOR BLVD #205		STREET ADDRESS	8799 BARDMOOR BLVD #101	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	LARGO, FL 33777	
TITLE	T	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIOVONNI, LAURENCE		NAME	RICHARD PURCARO	
STREET ADDRESS	8765 BARDMOOR BLVD #307		STREET ADDRESS	R	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, JUDY		NAME	RICHARD PURCARO	
STREET ADDRESS	8799 BARDMOOR BLVD #G-203		STREET ADDRESS	2667 SDAAL SPRINGS OR #101	
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP	CLARKWATER, FL 33764	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANTAMURA, PATRICIA		NAME		
STREET ADDRESS	10013 118 WAY N		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 James S. Dotson Date 4/16/07 Daytime Phone # 727 5107913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR