


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 045 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1976038	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO INC 2435 US 19 STE 270 HOLIDAY, FL 34691				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULLER, CLAUDIA		NAME		
STREET ADDRESS	8765 BARDMOOR BLVD # F105		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
TITLE	VP		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, JOAN		NAME	DOYLE, JOHN	
STREET ADDRESS	8799 BARDMOOR BLVD 6H101		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIGIOVONNI, LAURENCE		NAME		
STREET ADDRESS	8765 BARDMOOR BLVD #307		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777		CITY-ST-ZIP		
TITLE	S		TITLE	<input 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 checked="" type="checkbox"/> Addition	
NAME			NAME	MURCADO, RICHARD	
STREET ADDRESS			STREET ADDRESS	2667 SAGAL SPRINGS RD #101	
CITY-ST-ZIP			CITY-ST-ZIP	CLAREMONT, FL 33761	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-30-08 (727) 942-1906 Daytime Phone #		