

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 #
 Suite, Apt. #, etc.

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

City & State

Zip Country

4. FEI Number
59-1976038

Applied For
 Not Applicable

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

01192008 Chg-NP CR2E037 (12/06)



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER, CLAUDIA	
STREET ADDRESS	8765 BARDMOOR BLVD # F105	
CITY-ST-ZIP	LARCO, FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOYLE, JOAN	
STREET ADDRESS	8799 BARDMOOR BLVD 6H101	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIGIOVONNI, LAURENCE	
STREET ADDRESS	8765 BARDMOOR BLVD #307	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLANTAMURA, PATRICIA	
STREET ADDRESS	10013 118 WAY N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, JOHN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURCADO, RICHARD	
STREET ADDRESS	2667 SAGAL STRINGS RD # 101	
CITY-ST-ZIP	CLARKEWATER FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **1-30-08** (727) 942-1906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #