

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 041 ****61.25

DOCUMENT # 762508

1. Entity Name

CORDOVA VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3481 CARLOTTA STREET
PENSACOLA FL 32503**

Mailing Address

**3481 CARLOTTA STREET
PENSACOLA FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2516843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUEERBOERNER, LEONARD
3461 CARLOTTA STREET
PENSACOLA FL 32503**

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.

LEONARD R. QUECKBOERNER

SIGNATURE

Leonard R. Queckboerner

2-05-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **DP** ☐ Delete
NAME **QUEERBOERNER, LEONARD**
STREET ADDRESS **3461 CARLOTTA ST.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WHITE, JIM**
STREET ADDRESS **3421 CARLOTTA STREET**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **POYTHRESS, ELLA**
STREET ADDRESS **3430 CARLOTTA ST.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **QUECKBOERNER, LUCY**
STREET ADDRESS **3461 CARLOTTA ST**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **HUTCHINSON, AUGUSTUS N III**
STREET ADDRESS **3461 LA MANCHA**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CLARK, GAIL**
STREET ADDRESS **3561 LA MANCHA WAY**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

LEONARD R. QUECKBOERNER

SIGNATURE:

Leonard R. Queckboerner

2-05-04

850-346-1032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #