## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 7655

(3)

CORDOVA VILLAS CONDOMINIUM ASSOCIATION, INC.

00/150						
Principal Place o	of Business	Mailing Address				
P. O. BOX 14135		P. O. BOX 14135				
BRADENTON FL 34280		BRADENTON FL 34280		Date Incorporated or Qualified	3a. Date of Last Report	
				10/26/1982	03/01/1995	
2. Principal Plac	ne of Business	2a. Mailing Address		4. FEI Number	Applied For	
ที		26		25-0945921	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29 3	0]	Florida Statutes  10. Name and Address of New Ro	Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New 11		
		_		edom Properties, Ir Address (P.O. Box Number is Not Acceptabl	,c	
LOBECK, DANIEC			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable) 410 Old Main Street		
	IN STREET		83	Cla Main Coreco		
· SAMASU	TAFE 34237		\\		85 Zip Code	
			84 City	denton,	FL 1 3/205	
41 Pursuant to	o the provisions of Sections 617.050	20 and 677.1508, Florida Statutes,	the above named co	orporation submits this statement for the puri board of directors. I hereby accept the apox	pose of changing its registered office	
or registere	ed agent, or born, in the State of FIX	nda. Sychrehappe was authorized to	by the corporation's	board of directors. Thereby accept the apox	omprient as registered agent. I am	
	n, and acceptine obligations of ook	///// / ual	DWNER v_Blenke:	4-29	76	
SIGNATURE	Signature, programme printed same of postered		Registered Agent signature r	equired when reinstating) ADDITIONS*CHANGES TO OFF	DATE DETECTORS AND DIRECTORS IN 12	
12.		ND DIRECTORS	13.	<del>,                                     </del>	Change Addition	
TiTLE	P CATHERINE	DEFELE	1 1 TITLE	PD NODIE CAMPEDINE	E	
NAME	NOBLE, CATHERINE		1 2 NAME	NOBLE, CATHERINE 3716-59th ST.DR.W		
STREET ADDRESS	3716-59TH ST. DRIVE W		1.3 STREET ADDRESS	BRADENTON, FL 3420	19	
CITY-ST-ZIP	BRADENTON FL	DELETE	1.4 CITY-ST-ZIP 21 TITLE	TD SAZE	Change Addition	
TITLE	NUDI, ALFREDO		2.2 NAME	NUDI, ALFREDO		
NAME .	6112 39TH AVE. W.		2 3 STREET ADDRESS	6112-39th AVE.W.		
STREET ADDRESS	BRADENTON FL		2 4 CITY - ST · ZIF	BRADENTON, FL 34209	ee	
CITY-ST-ZIP	VP	<b>₹</b> DELETE	3 1 TITLE	VPD	Change 🛣 Addition	
NAME	PHELPS, PHILLIP		3.2 NAME	Stafford, Joan		
STREET ADDRESS	5904-39TH AVE. W.		3 3 STREET ADDRESS	3801 60th Street		
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	Bradenton, FL 342	Change Addition	
TITLE	D	DELETE	4.1 TITLE			
NAME	STAFFORD, JOAN		4 2 NAME			
STREET ADDRESS	3801 60TH ST N		4.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL S	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	1000018	4 1 Addition	
TITLE	NEWMAN, WILLIAM		5 2 NAME	-05/29/9601/	020012	
NAME STREET ADDRESS	5903 36TH AVE CIR W		5 3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY - ST - ZIP			
TITLE	0	DELETE	6 1 TITLE	D	Change 💂 Addition	
NAME	EDWARDS, CHUCK		6.2 NAME	Phelps, Phillip	5-28-96	
STREET ADDRESS	3506 65TH ST W.		. 6 3 STREET ADDRESS	3304 33011 1110.140	west ASS	
DITY CT 710	BRANDENTON FL		6 4 CITY - ST - ZIP	Bradenton FI 342		
14. I do here	by certify that the information supplied	ed with this filing is voluntarily furnis	hed and does not quality and t	uality for the exemption stated in Section 1 is accurate and that my signature shall have th	e same legal effect as if made under	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11907(3)(k). Florida Statutes. Furnier certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

4/3/96

794-2503

CR2E037 (12/95)