2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90024 036 ****61.25

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1. Entity Name
CORDOVA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6212 39TH AVENUE WEST BRADENTON, FL US	4301 32RD ST W SUITE A 20 BRADENTON, FL 34205 US

J00000689

01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-0945921
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C&S CONDOMINIUM MANAGEMENT SERVICES
4301 32ND STREET, WEST
SUITE A19
BRADENTON, FL 34205

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NUDI, ALFREDO
STREET ADDRESS	6112 39TH AVE W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	SD
NAME	WEIRICH, CAROL
STREET ADDRESS	3712 59TH DR,W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D
NAME	SCHLICTING, HENRY
STREET ADDRESS	3614 59TH ST DR W
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	VPD
NAME	PHELPS, MARION
STREET ADDRESS	5904 39TH AVE W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Alfredo E Nudi 1/12/07 941-758-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #