


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 003 ****61.25

DOCUMENT # N00232 1. Entity Name CORDOVA SQUARE OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 30067 PENSACOLA, FL 32503 US			Mailing Address P.O. BOX 30067 PENSACOLA, FL 32503 US		
2. Principal Place of Business - No P.O. Box # 4400 Bayou Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2490871	
Zip 32504		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILKES, CAROL 220 W GARDEN ST SUITE 802 PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name Susan Moody Street Address (P.O. Box Number is Not Acceptable) 220 West Garden St., Suite 303 City Pensacola FL Zip Code 32502	
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 <u><i>Susan Moody</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNCON, MICHAEL 4400 BAYUOI #11 PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, KEN 4400 BAYOU BLVD, STE 31 PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARFIELD, SHELIA 4400 BAYOU BLVD., #23 PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, CARL 5725 AVIENDA ROBLENDA PENSACOLA, FL 32504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRENCH, BARBARA 4400 BAYOU BLVD #37 PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

C.K. Davis Pres 4/26/07