


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90152 044 \*\*\*\*61.25

**DOCUMENT # N00829**

1. Entity Name  
**CORDOVA MEDICAL DENTAL CENTER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**5120 BAYOU BLVD.  
 SUITE 9  
 PENSACOLA, FL 32503**


Mailing Address  
**P.O. BOX 30038  
 PENSACOLA, FL 32503 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State

Zip Country



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2531331**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILKES, CAROL  
 STE 303 SUNTRUST TOWER 220 W GARAPM  
 P.O. BOX 30038  
 PENSACOLA, FL 32501**

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, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD TAPPAN, DOUGLAS 5120 BAYOU BLVD, #2 PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILDROTH, CHARLES J JR 5120 BAYOU BLVD., #4 PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, JAMES F 5120 BAYOU BLVD., #3 PENSACOLA, FL 32503 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHILDROTH, CHARLES 5120 BAYOU #4 PENSACOLA, FL 32503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR. MIKE WILLIAMSON 5120 BAYOU BLVD. #9 PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Michael J. Williamson Date: 2-28-05 850-4347633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael J. Williamson M.D.