

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00829

FILED  
Feb 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5120 BAYOU BLVD.  
SUITE 9  
PENSACOLA, FL 32503

**New Principal Place of Business:**

5120 BAYOU BLVD  
PENSACOLA, FL 32503

**Current Mailing Address:**

P.O. BOX 12507  
PENSACOLA, FL 32591 US

**New Mailing Address:**

**FEI Number:** 59-2531331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOODY, SUSAN  
3350 9TH AVENUE  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

MOODY, SUSAN L  
33 SOUTH 9TH AVE  
PENSACOLA, FL 32502 US

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.

SIGNATURE: SUSAN L MOODY

02/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: WILLIAMSEN, MIKE DR  
Address: 5120 BAYOU BLVD, # 4  
City-St-Zip: PENSACOLA, FL 32503

Title: PD ( ) Delete  
Name: NALL, TAMMY  
Address: 5120 BAYOU BLVD, #2  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: WHITE, JAMES F  
Address: 5120 BAYOU BLVD., #3  
City-St-Zip: PENSACOLA, FL 32503

Title: VPD ( ) Delete  
Name: TAPPONE, DOUGLAS  
Address: 5120 BAYOU BLVD, #2  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NALL, TAMMY L  
Address: 33 SOUTH 9TH AVE  
City-St-Zip: PENSACOLA, FL 32502

Title: VPD (X) Change ( ) Addition  
Name: TAPPAN, DOUGLAS  
Address: 33 SOUTH 9TH AVE  
City-St-Zip: PENSACOLA, FL 32502

Title: STD (X) Change ( ) Addition  
Name: WILLIAMSON, MIKE  
Address: 33 SOUTH 9TH AVE  
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change ( ) Addition  
Name: WHITE, JAMES F  
Address: 33 SOUTH 9TH AVE  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY L NALL

PD

02/09/2009

Electronic Signature of Signing Officer or Director

Date