2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
Secretary of State

DOCUMENT# N00829

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

Current Principal Place of Business:

5120 BAYOU BLVD
PENSACOLA, FL 32503

New Principal Place of Business:

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 L
33 SOUTH 9TH AVE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: TAMMY NALL P 02/04/2010
Electronic Signature of Signing Officer or Director Date