

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00829

FILED
Mar 19, 2012
Secretary of State

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

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

Title: PD
Name: MAKAROWSKI, LOUIS
Address: 33 SOUTH 9TH AVE
City-St-Zip: PENSACOLA, FL 32502

Title: ST
Name: WILLIAMSON, MICHAEL
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: LOUIS MAKAROWSKI

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03/19/2012

Electronic Signature of Signing Officer or Director

Date