

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 2:21

DOCUMENT # N25840 (2)

1. Corporation Name

CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

921 N MAIN ST
STE 203
KISSIMMEE FL 34744

921 N MAIN ST
STE 203
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/11/1988** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2917552** Applied For ☐
Not Applicable ☒

2. Principal Place of Business

2a. Mailing Address

21 **717 E. Oak Street**

26 **717 E. Oak Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWART, HARRY J, CPA
921 N MAIN ST
SUITE 203
KISSIMMEE FL 34744**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

717 E. Oak Street

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HENRY, SHARON	12 NAME	
STREET ADDRESS	921 N MAIN ST.	13 STREET ADDRESS	717 E. Oak Street
CITY - ST - ZIP	KISSIMMEE FL	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GRIEB, MARY M.	22 NAME	
STREET ADDRESS	59 A CORDONA DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	SWART, HARRY J	32 NAME	
STREET ADDRESS	921 N MAIN ST	33 STREET ADDRESS	717 E. Oak Street
CITY - ST - ZIP	KISSIMMEE FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95

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