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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N25840

(2)

CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION,

INC.								
Principal Place of Business		Mailing Address				1846 DIBII Di dii 1810		
717 E OAK STREET STE 203 KISSIMMEE FL 34744		717 E OAK STREET STE 203 KISSIMMEE FL 34744-4580		3. Date incorporate	d or Ouglified	3a. Date of	Lock Bo	port
US		US		04/11/19			21/199	
	ace of Business	2a. Mailing Address		4. FEI Number			Apr	lied For
717 E. Oak Street		26 717 E. Oak Street		59-291/5	59-2917552 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Sta	5. Certificate of Status Desired See Required Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		28 Kissimmee, FL Country			Trust Fund Contribution			
24 34744 25 US		200744	'		Florida Statutes Yes No			
	9. Name and Address of Currer		1001 00	C	ess of New Registered Agent			
			81 Neme	rt, Harry J., C	PA			
SWART,	HARRY J, CPA		82 Street	Address (P.O. Box Number i E. Oak Street	s Not Acceptab	le)		
	OAK STREET			E. Oak Street				
SUITE 2			83					
KISSIMN	MEE FL 34744		84 Çily	simmee		Ei 85	Zip C 347	ode A A
44 Durauant I	to the provisions of Sections 617.050	2 and 617 1508 Florida Statut	tes the above-named	Corporation submits this sta	tement for the p	urnose of char	oina its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	eol Florida. Such change was	authorized by the cor	poration's board of directors.	Thereby accep	t the appointm	ent as r	egistered
SIGNATURE _	Signature, typod or printed harne of registerest age	ent and title if approach of (NO)	H : Registered Agent signatur	e required when reinstating)		DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHAN	IGES TO OFFIC			
TITLE	D	DELETE	1.1 TITLE				hange	☐ Addition
NAME	HENRY, SHARON		1.2 NAME					
STREET ADDRESS	717 E OAK STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL	DELETE	1.4 CITY - ST - 7IP			7	hange	Addition
TITLE	PD MARY M		21 1ITLF 22 NAME				nango	L riddition
NAME STREET ADDRESS	GRIEB, MARY M. 59 A CORDONA DRIVE		2.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL		2 4 CITY - ST - ZIP					
TITLE	STD	DELETE	31 10LE				hange	Addition
NAMÉ	SWART, HARRY J		3.2 NAME					
STREET ADDRESS	717 E OAK STREET		3.3 STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL		3 4. CITY-ST-7IP					
TITLE		DELETE	4.1 TITLE				hange	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY+ST-ZIP		T DULTI	4.4 CITY - ST - ZIP			П	hange	Addition
TITLE	1, 1	L_ DELETE	5.1 TIBLE				unige	Radition
NAME CTOCCT ADDRESS	`,		5.2 NAME 5.3 STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			5.4 CITY - ST- ZIP					
TITLE	·	DELETE	6.1 TITLE		.		hange	Addition
NAME		_	6.2 NAME					
STREET ADDRESS			6.3 STREET ADORESS					
CITY-ST-7IP			6.4 CHTY - S1 - ZIP	<u></u>				
14. I do heret informatio I am an o appears i	by certify that the information shipplic on indicated on this arrund report or afficer or director of the corporation o in Block 12 or Block 13 if charged, c	ed with this filling does not qual supplemental annual report is rithe receiver or trustee empor or on an attachment with an ad	ify for the exemption true and accurate an wered to execute this dress.	slated in Section 119.07(3)(i) d that my signature shall hav report as required by Chapte I	. Florida Statule: e the same lega er 617, Florida S	s. I further certi I effect as if ma statules; and th	ify that t ade und at my na	he er oath; that ame