

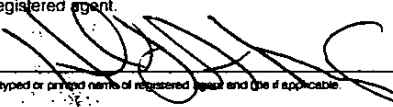
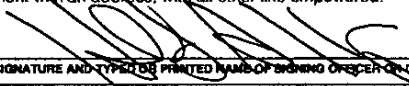


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90286 007 \*\*\*\*61.25

<b>DOCUMENT # N25840</b> 1. Entity Name CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 717 E. OAK STREET KISSIMMEE, FL 34744 US				Mailing Address 717 E. OAK STREET KISSIMMEE, FL 34744 US	
2. Principal Place of Business <b>59 CORDONA DR.</b> Suite, Apt. #, etc. <b>E</b>		3. Mailing Address <b>59 CORDONA DR.</b> Suite, Apt. #, etc. <b>E</b>			
City & State <b>KISSIMMEE, FL</b>		City & State <b>KISSIMMEE, FL</b>		4. FEI Number <b>59-2917552</b>	
Zip <b>34758</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWART, HARRY J, CPA</b> <b>717 E. OAK STREET</b> <b>KISSIMMEE, FL 34744</b>				7. Name and Address of New Registered Agent Name <b>HOLLY A. KRIEGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>59 CORDONA DR. #E</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34758</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reappointing)</small>				DATE <b>19-APR-05</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HUMEREZ, SHIRLEY</b> <b>59F CORDONA DR</b> <b>KISSIMMEE, FL 34758</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KRIEGER, HOLLY</b> <b>59 E CORDONA PLACE</b> <b>KISSIMMEE, FL 34758</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>19-APR-05</b> (407)944-0174 <small>Date Daytime Phone #</small>	