

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25840

FILED
May 15, 2007
Secretary of State

Entity Name: CORDONA PLACE TOWNHOUSE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

59 CORDONA DR
E
KISSIMMEE, FL 34758 US

New Principal Place of Business:

Current Mailing Address:

59 CORDONA DR
E
KISSIMMEE, FL 34758 US

New Mailing Address:

FEI Number: 59-2917552 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRIEGER, HOLLY A
59 CORDONA DR, #E
KISSIMMEE, FL 34758 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: T () Delete
Name: HUMEREZ, SHIRLEY
Address: 59F CORDONA DR
City-St-Zip: KISSIMMEE, FL 34758

Title: PD () Delete
Name: KRIEGER, HOLLY
Address: 59 E CORDONA PLACE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MCBRIDE, SHIRLEY
Address: 59 CORDONA DR #E
City-St-Zip: KISSIMMEE, FL 34758

Title: PD (X) Change () Addition
Name: KRIEGER, HOLLY
Address: 59 CORDONA DR #E
City-St-Zip: KISSIMMEE, FL 34758

Title: T () Change (X) Addition
Name: BROWN, BRIAN W
Address: 59 CORDONA DR #E
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOLLY KRIEGER

PD

05/15/2007

Electronic Signature of Signing Officer or Director

Date