

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # N28145

1. Entity Name
CORDOVA CIRCLE OWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O CATHERINE D. MAYFIELD
4223 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303**

Mailing Address
**C/O CATHERINE D. MAYFIELD
4223 CAPITAL CIR. N.W.
TALLAHASSEE, FL 32303**



01082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6201905

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAYFIELD, CATHERINE D
4223 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUERINO, JAMES R.
STREET ADDRESS	5893 BRIGHT COURT
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	MAYFIELD, CATHERINE D.
STREET ADDRESS	4223 CAPITAL CIR N.W.
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	MAYFIELD, EMORY
STREET ADDRESS	4223 CAPITAL CIR N.W.
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/08/04-80018-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #