FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # N94000002976 (8)

1. Corporation Name

CORDOVA LAKES SUBDIVISION PHASE VII HOMEOWNERS A SSOCIATION, INC.

Principal Place of Business	Mailing Address
2 NORTH TAMIAMI TRAIL SUITE 404 SARASOTA FL 34236	2 NORTH TAMIAMI TRAIL SUITE 404 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:
4. FEI Number: 65-0517696 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 7553	26 P.O. Box 7553
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bradenton, FL	28 Bradenton, FL
24 Zip 34210 / 25 County	29 Zip 34210 / 30 County

9. Name and Address of Current Registered Agent

GAUSE, W. PEYTON JR.
2 NORTH TAMIAMI TRAIL
SUITE 404
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE		☒ Change ☐ Addition
NAME	PRINE, R E	12 NAME		
STREET ADDRESS	2 N. TAMIAMI TRAIL, STE. 404	13 STREET ADDRESS	P.O. Box 7553 DA	
CITY-ST-ZIP	SARASOTA FL 34236	14 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	PERRY, EDWARD L	22 NAME		
STREET ADDRESS	2 N. TAMIAMI TRAIL, STE. 404	23 STREET ADDRESS	P.O. Box 7553 DA	
CITY-ST-ZIP	SARASOTA FL 34236	24 CITY-ST-ZIP	Bradenton, FL 34210	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	GAUSE, W. PEYTON JR.	32 NAME		
STREET ADDRESS	2 N. TAMIAMI TRAIL, STE. 404	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236	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	RETURNED BY MAY 1	☐ 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VP 3-11-95 (813) 795-2796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016671