

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91221 003 ****61.25

DOCUMENT # N94000002976

1. Entity Name

CORDOVA LAKES SUBDIVISION PHASE VII HOMEOWNERS A

Principal Place of Business

Mailing Address

C/O DOLORES J. LEWIS
 6204 40TH AVE. W.
 BRADENTON FL 34209
 US

C/O DOLORES J. LEWIS
 6204 40TH AVE. W.
 BRADENTON FL 34209
 US

JULIUS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0517693**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, DOLORES J
6204 40TH AVE. W.
BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input type="checkbox"/> Delete
NAME	VOYCHIK, KAREN	
STREET ADDRESS	3810 60TH STREET	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BLACKMER, CYNTHIA	
STREET ADDRESS	6216 40TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HILL, ANDREW	
STREET ADDRESS	6212 40TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEWIS, DOLORES J	
STREET ADDRESS	6204 40TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Dolores J. Lewis*

5-1-01

941-795-2465

CR2E037 (10/00)