


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002010**

1. Entity Name  
 THE ESTUARY OF MOBBLY BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
 19001 SUNLAKE BLVD.  
 LUTZ, FL 33558

Mailing Address  
 19001 SUNLAKE BLVD.  
 LUTZ, FL 33558

**DO NOT WRITE IN THIS SPACE**



03172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3737093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTOLETTA, JAMES M  
 19001 SUNLAKE BLVD.  
 LUTZ, FL 33558

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000475368 04/05/06-80012-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICKARD, JAMES I III 212 MOBBLY BAY DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANNAH, KIMBERLY 19001 SUNLAKE BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARTOLETTA, JAMES M 19001 SUNLAKE BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRIS, CHERYL 19001 SUNLAKE BLVD. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James I. Rickard Date: 3/17/06 City/Phone #: (813) 925-3750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR