

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90048 038 ****61.25



DOCUMENT # N00000002010

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

Principal Place of Business
**3980 TAMPA RD
 STE 202
 OLDSMAR, FL 34677**

Mailing Address
**3980 TAMPA RD
 STE 202
 OLDSMAR, FL 34677**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc. -

Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3737093

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

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

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. 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 \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **RICKARD, JAMES I III**
 STREET ADDRESS **212 MOBBLY BAY DRIVE**
 CITY-ST-ZIP **OLDSMAR, FL 34677**

Change Addition

TITLE **D** Delete
 NAME **HANNAH, KIMBERLY**
 STREET ADDRESS **19001 SUNLAKE BLVD.**
 CITY-ST-ZIP **LUTZ, FL 33558**

TITLE **D** Change Addition
 NAME **HANNAH, CHARLES A.**
 STREET ADDRESS **19001 SUNLAKE BLVD.**
 CITY-ST-ZIP **LUTZ, FL 33558**

TITLE **D** Delete
 NAME **BARTOLETTA, JAMES M**
 STREET ADDRESS **19001 SUNLAKE BLVD.**
 CITY-ST-ZIP **LUTZ, FL 33558**

Change Addition

TITLE **D** Delete
 NAME **KIRCHNER, SCOTT**
 STREET ADDRESS **19001 SUNLAKE BLVD.**
 CITY-ST-ZIP **LUTZ, FL 33558**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08
 Date

(813)925-3750
 Daytime Phone #