


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

**FILED
Jul 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000007205 1. Entity Name THE CABRILLO CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629	Mailing Address 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0741028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

MARTOHUE, DEBORAH L ESQ
2429 CENTRAL AVE STE 207
ST. PETERSBURG, FL 33713

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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 _____ 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 September 8, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AGIA, SUSAN 50 LADOGA AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OSSI, FAREED 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSI, ROBERT 1810 SOUTH MACDILL AVENUE TAMPA, FL 33629
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08/01/06-80005-001 61.25

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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: Fareed Ossi 7/26/06 813-254-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #