


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007205
 1. Entity Name
 THE CABRILLO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1810 SOUTH MACDILL AVENUE 1810 SOUTH MACDILL AVENUE
 TAMPA, FL 33629 TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE



02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 02-0741028 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARTOHUE, DEBORAH L ESQ
 2429 CENTRAL AVE STE 207
 ST. PETERSBURG, FL 33713

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 _____ (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**

U00000843750
 03/12/08-80006-003 61.25

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 Dini 2/26/08 913-254-6274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #