

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 91559 018 ****61.25

DOCUMENT # N00000004364

1. Entity Name

THE ESTATES AT COBIA CAY CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DRIVE SUITE 300
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DRIVE SUITE 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE SUITE 300
 BONITA SPRINGS FL 34134

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	PD	<input type="checkbox"/> Delete
NAME	BEYER, R.C. JR	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, ALAN B	
STREET ADDRESS	3150 MATECUMBE KEY ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BUCKLER, JACKIE	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
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"/> 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DBT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibbons, Steve	
STREET ADDRESS	2020 Clubhouse Dr.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 another like empowered.

SIGNATURE:

[Handwritten Signature] 28/1/01 8136743311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)