

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90048 033 ****61.25

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1. Entity Name

THE ESTATES AT COBIA CAY CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

100 MADRID BLVD STE 311
PUNTA GORDA FL 33950

Mailing Address

100 MADRID BLVD STE 311
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24201 WALDEN CENTER DR., #206
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Mike Hessel

Street Address (P.O. Box Number is Not Acceptable)

24201 Walden Center Drive Suite 206

City Bonita Springs

FL

Zip Code 34134

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

Mike Hessel

Mike Hessel

3/14/05

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
Due By May 1, 2005

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

TITLE PD ☐ Delete
NAME FABER, ALAN R
STREET ADDRESS 4010 COBIA ESTATES DR.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE STD ☐ Delete
NAME ZALAC, THOMAS
STREET ADDRESS 4020 COBIA ESTATES DR.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE VD ☒ Delete
NAME LANG, DOUGLAS
STREET ADDRESS 4031 COBIA ESTATES DR.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Herald, Paul
STREET ADDRESS 4071 Cobia Estates Drive
CITY-ST-ZIP Punta Gorda, FL 33955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

ALAN R FABER

3/14/05

9415751769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #