


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90032 043 ****61.25

DOCUMENT # N00000004364			
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 6025 Taylor Rd #2 Suite, Apt. #, etc.		3. Mailing Address 6025 Taylor Rd #2 Suite, Apt. #, etc.	
City & State Punta Gorda, FL Zip 33950		City & State Punta Gorda, FL Zip 33950	
4. FEI Number 65-0973806		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESSELL, MIKE 24201 WALDEN CENTER DR., #206 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name: Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable): 6025 Taylor Road Ste 2 City: Punta Gorda FL Zip Code: 33950	
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: <i>Shirley Hurn</i>		DATE: 1-24-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: VD <input type="checkbox"/> Delete	NAME: FABER, ALAN R	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4010 COBIA ESTATES DR.	CITY-ST-ZIP: PUNTA GORDA, FL 33955	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete	NAME: ZALAC, THOMAS	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4020 COBIA ESTATES DR.	CITY-ST-ZIP: PUNTA GORDA, FL 33955	NAME:	STREET ADDRESS:
TITLE: PD <input type="checkbox"/> Delete	NAME: HEALD, PAUL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 4071 COBIA ESTATES DR.	CITY-ST-ZIP: PUNTA GORDA, FL 33955	NAME:	STREET ADDRESS:
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
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CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
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: <i>[Signature]</i>		Date: 1/24/06 941-575-2618	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	