

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004364

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** THE ESTATES AT COBIA CAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6025 TAYLOR RD # 2  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

4010 COBIA ESTAES DR  
PUNTA GORDA, FL 33955

**Current Mailing Address:**

6025 TAYLOR RD # 2  
PUNTA GORDA, FL 33950

**New Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 65-0973806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR RD STE 2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

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: \_\_\_\_\_

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: ZALAC, THOMAS  
Address: 4020 COBIA ESTATES DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: PD ( ) Delete  
Name: HEALD, PAUL  
Address: 4071 COBIA ESTATES DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP ( ) Delete  
Name: SPECTOR, JOEL  
Address: 4011 COBIA ESTATES DRIVE #02  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: ZALAC, THOMAS  
Address: 4020 COBIA ESTATES DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: P (X) Change ( ) Addition  
Name: HEALD, PAUL  
Address: 4071 COBIA ESTATES DR.  
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP (X) Change ( ) Addition  
Name: MERZ, JAMES  
Address: 4041 COBIA ESTATES DRIVE  
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HEALD

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date