

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90358 047 \*\*\*\*61.25

**DOCUMENT # N01292**

1. Entity Name  
COBIA POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1515 SOMBRERO BLVD  
MARATHON, FL 33050 US

Mailing Address  
5800 OVERSEAS HWY, SUITE 6  
MARATHON, FL 33050 US

40073528



04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0128562

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROSA M. DE LA CAMARA, ESQ.  
BECKER, POLIAKOFF & STREITFELD, P.A.  
121 ALHAMBRA PLAZA 10TH FLOOR  
MIAMI, FL 33134

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PELLIGRINI, FRED  
STREET ADDRESS 1515 SOMBRERO BOULEVARD #3  
CITY-ST-ZIP MARATHON, FL 33050

TITLE PTD  
NAME QUINLAN, JOHN  
STREET ADDRESS 1515 SOMBRERO BLVD  
CITY-ST-ZIP MARATHON, FL

TITLE SD  
NAME WALLACE, JOANN  
STREET ADDRESS 1515 SOMBERO BLVD. C4  
CITY-ST-ZIP MARATHON, FL 33050

TITLE VPD  
NAME HELMICK, LOU  
STREET ADDRESS 1505 SOMBRERO BLVD. # A2  
CITY-ST-ZIP MARATHON, FL 33050

TITLE D  
NAME HURTZ, GENE  
STREET ADDRESS 1515 SOMBRERO BLVD.# A2  
CITY-ST-ZIP MARATHON, FL 33050

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06