

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 046 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0128562

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRUSZKA, LINDA
5800 OVERSEAS HWY
SUITE 6
MARATHON, FL 33050

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. 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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SONG, ROGER ☐ Delete
STREET ADDRESS 1515 SOMBRERO BLVD
CITY-ST-ZIP MARATHON, FL 33050

TITLE PD
NAME ROGER SORG ☒ Change ☐ Addition
STREET ADDRESS 1515 Sombbrero Blvd
CITY-ST-ZIP marathon FL 33050

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

TITLE VPD
NAME FRED PELLIGRINI ☒ Change ☐ Addition
STREET ADDRESS 1515 Sombbrero Blvd
CITY-ST-ZIP marathon FL

TITLE TSD
NAME SALSGIVER, WILLIAM ☐ Delete
STREET ADDRESS 1515 SOMBRERO BLVD
CITY-ST-ZIP MARATHON, FL 33050

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #