

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04924

1. Entity Name

COBB'S LANDING COMMUNITY ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90022 008 ****61.25

Principal Place of Business: 1050A ELW PKWY, OLDSMAR FL 34677 US
 Mailing Address: 1050A ELW PKWY, OLDSMAR FL 34677 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2449838**
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
SCANNAVINO, DOMINICK
 1050A ELW PKWY
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent
 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAURENT, GEORGE	
STREET ADDRESS	3377 LANDING CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOLZMACHER, FADIA	
STREET ADDRESS	3572 WOODRIDGE PL	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SPICHER, CRAIG	
STREET ADDRESS	2136 PINNACLE CIRCLE N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, RICHARD	
STREET ADDRESS	2160 PINNACLE CIRCLE S.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL SWITZER	
STREET ADDRESS	3552 SHORELINE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: Georges Laurent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/00 Daytime Phone #: 727 784 9512

CR2E037 (9/99)