

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N04924

Entity Name: COBB'S LANDING COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

RAMPART PROPERTIES, INC
10033 9TH STREET N., 2ND FLOOR
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

RAMPART PROPERTIES, INC
10033 9TH STREET N., 2ND FLOOR
SAINT PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2449838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRIAN
RAMPART PROPERTIES
10033 9TH STREET N., 2ND FLOOR
SAINT PETERSBURG, FL 33716

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRAESTER, AVIS
Address: 10033 9TH STREET N., 2ND FLOOR
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VPD () Delete
Name: BRADSHAW, CLYDE
Address: 10033 NINTH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 337163804

Title: STD () Delete
Name: TRAYNOR, RICHARD
Address: 10033 NINTH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: TRBOVICH, PAM
Address: 10033 NINTH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AVIS TRAESTER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date