

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04924

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RESOURCE PROPERTY
28100 US 19 NORTH, STE 305
CLEARWATER, FL 33761 US

New Principal Place of Business:

C/O RESOURCE PROPERTY
28100 US 19 NORTH, STE 205
CLEARWATER, FL 33761 US

Current Mailing Address:

C/O RESOURCE PROPERTY
28100 US 19 NORTH, STE 305
CLEARWATER, FL 33761 US

New Mailing Address:

C/O RESOURCE PROPERTY
28100 US 19 NORTH, STE 205
CLEARWATER, FL 33761 US

FEI Number: 59-2449838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MANAGEMENT
28100 US 19 NORTH, STE 305
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT
28100 US 19 NORTH, STE 205
CLEARWATER, FL 33761 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: _____

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKSON, KIM
Address: 3554 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: VP () Delete
Name: KLOOTE, DAVID
Address: 2423 PINNACLE CIRCLE NORTH
City-St-Zip: PALM HARBOR, FL 34685

Title: ST () Delete
Name: BROWN, DAVID
Address: 2601 LANDING WAY
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CLARKSON, KIM
Address: 3554 SHORELINE CIRCLE
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD (X) Change () Addition
Name: KLOOTE, DAVID
Address: 2423 PINNACLE CT. NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: S/TD (X) Change () Addition
Name: BROWN, DAVID
Address: 2601 LANDING WAY
City-St-Zip: PALM HARBOR, FL 34684

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: KIM CLARKSON

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date