

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 29 AM 9:02

DOCUMENT # N04926

1. Entity Name
THE ESTATES AT COBB'S LANDING HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

Mailing Address
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

400135371194
09/04/08--01035--006 **61.25



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

46 RESOURCE PROPERTY
Suite, Apt. #, etc.
28100 US 19 N, STE. 305

3. Mailing Address

46 RESOURCE PROPERTY
Suite, Apt. #, etc.
28100 US 19 N, STE. 305

08042008 Chg-NP CR2E037 (12/06)

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number
59-2449834

Applied For
Not Applicable

Zip
33761

Country
USA

Zip
33761

Country
USA

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

6. Name and Address of Current Registered Agent

HANSON, JACK
MELROSE-SOVEREIGN COMPANIES
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
RESOURCE PROPERTY MANAGEMENT,
Street Address (P.O. Box Number is Not Acceptable)
28100 US 19 N
SUITE 305
City
CLEARWATER FL Zip Code
33761

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

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUK, JACK 10033 9TH ST N 2ND FLOOR SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, DAVID 10033 9TH ST N 2ND FLOOR SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, PETER 10033 9TH ST N 2ND FLOOR SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDSHUE, ANN 10033 9TH ST N 2ND FLOOR SAINT PETERSBURG, FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIALIOS, PETER 2339 LANDING WAY SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDY SUCHOMELLY 2934 LANDING WAY PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID BROWN 2601 LANDING WAY PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T PETER RICHARDSON 2995 WESTCOTT DR. PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHY LORENTI 3393 SHORELINE DR. PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETER LIALIOS 2639 LANDING WAY PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 8/29/08	<input type="checkbox"/> Change <input type="checkbox"/> 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

08.21.08 (727) 773-8563

Date

Daytime Phone #