## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 08, 2006 8:00 am Secretary of State DOCUMENT # N44355 1. Entity Name 05-08-2006 90275 048 \*\*\*\*61.25 COBAL RIDGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O DON MCCLASKY 2 OCEANVIEW DR, #6 BOYNTON BEACH FL 33435 C/O DON MCCLASKY 2 OCEANVIEW DR, #6 BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0275648 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCLASKEY, DON Street Address (P.O. Box Number is Not Acceptable) 2 OCEANVIEW DR. #6 **BOYNTON BEACH FL 33435** City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE PTD ☐ Change Defete TITLE ☐ Addition BIEBEL, RICHARD NAME NAME 2 OCEANVIEW DRIVE, #3 STREET ADDRESS STREET ADDRESS OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP VPD TITLE VPD 2 COON VIEW DE Change Addition Detete PHILLIP, JEFF NAME 2 OCEANVIEW DR, #3 STREET ADDRESS STREET ADDRESS OCEAN RIDGE OCEAN RIDGE FL 33435 CITY-ST-ZIP CHY-S1-ZIP-Defete: TITLE · 🗔 · Change · · · 🔲 Addition MCCLOSKEY, DONALD NAME NAME 2 OCEANVIEW DR. #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCEAN RIDGE FL 33435 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

**FILED**