

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46953** (8)

1. Corporation Name  
**COBBLESTONE MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business: **1228 BRIDLEBROOK DR CASSELBERRY FL 32707 US**  
Mailing Address: **PO BOX 476 CASSELBERRY FL 32718-0476 US**

3. Date Incorporated or Qualified: **01/21/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3003985		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23		28	
Zip		Country		24		25	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HUFF, SANDRA M.  
1228 BRIDLEBOOK DR  
CASSELBERRY FL 32707**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>DORAN, THOM</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <b>Lee, Mark</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>221 CHARLES ST</b>	1.2 NAME	<b>3169 Bothwell Court</b>
STREET ADDRESS	<b>WINTER SPRINGS FL</b>	1.3 STREET ADDRESS	<b>Oviedo, Fl 32765</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD <b>KEENE, PAUL</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1519 THORNHILL CIR</b>	2.2 NAME	
STREET ADDRESS	<b>OVIEDO FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD <b>BOYKO, TOM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1451 THORNHILL CIR</b>	3.2 NAME	
STREET ADDRESS	<b>OVIEDO FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <b>Kraus, Mike</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>3173 Bothwell Court</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Oviedo, FL 32765</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <b>Beleckas, Paul</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>3176 Bothwell Court</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Oviedo, FL 32765</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Paul Keene 4-30-96 407-365-3339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)