

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N46953 (8)
1. Corporation Name
COBBLESTONE MAINTENANCE ASSOCIATION, INC.



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| Principal Place of Business 1228 BRIDLEBROOK DR CASSELBERRY FL 32707 US | Mailing Address PO BOX 476 CASSELBERRY FL 32718-0476 US |
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|--|--|
| 3. Date Incorporated or Qualified 01/21/1992 | |
| 4. FEI Number 59-3003985 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|
| 2. Principal Place of Business 21 9816 East Colonial | 2a. Mailing Address 26 P.O. Box 677307 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Orlando, Fl | City & State 28 Orlando, Florida |
| Zip 24 32817 | Country 25 USA |
| Zip 29 32867-7307 | Country 30 |

| | | | |
|---|--|---|---------------------------|
| 9. Name and Address of Current Registered Agent HUFF, SANDRA M. 1228 BRIDLEBOOK DR CASSELBERRY FL 32707 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name Joseph Frasca | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 9816 East Colonial Dr | |
| | | 83 | |
| | | 84 City Orlando | 85 Zip FL 32817 |

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 *Joseph Frasca* **Joseph Frasca** **2-30-98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|----------------------------------|---|--|
| TITLE PD | NAME LEE, MARK | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 3169 BOTHWELL COURT | CITY-ST-ZIP OVIEDO FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE STD | NAME KEENE, PAUL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1519 THORNHILL CIR | CITY-ST-ZIP OVIEDO FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE VPD | NAME BOYKO, TOM | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 1451 THORNHILL CIR | CITY-ST-ZIP OVIEDO FL | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE D | NAME KRAUS, MIKE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 3173 BOTHWELL COURT | CITY-ST-ZIP OVIEDO FL | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE D | NAME BELECKAS, PAUL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 3176 BOTHWELL COURT | CITY-ST-ZIP OVIEDO FL | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE D | NAME Scarcelli, Linda | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1595 Thornhill Cir | CITY-ST-ZIP Oviedo, FL | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas Boyko* **Thomas Boyko -4/198** **101-366-3062**

CR2E037 (10/97)