


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90029 012 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46953**

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

Principal Place of Business 9816 EAST COLONIAL ORLANDO FL 32817 US	Mailing Address PO BOX 677307 ORLANDO FL 32867-307 US
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2. Principal Place of Business 21 P.O. Box 677307 Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 01/21/1992
City & State 23 Orlando, FL	City & State 28	4. FEI Number 59-3003985 Applied For Not Applicable
Zip 24 32867 Country 25 US	Zip 29 Country 30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

FRASCA, JOSEPH 9816 EAST COLONIAL DR ORLANDO FL 32817	81 Name Joseph Frasca
	82 Street Address (P.O. Box Number is Not Acceptable) 7523 Aloma Ave
	83 Suite 210
	84 City Winter Park FL 85 Zip Code 32792

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** DATE **4/9/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCARCELLI, LINDA <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1595 THORNHILL CIR	1.2 NAME	
STREET ADDRESS	OVIEDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD KEENE, PAUL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1519 THORNHILL CIR	2.2 NAME	
STREET ADDRESS	OVIEDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD BOYKO, TOM <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1451 THORNHILL CIR	3.2 NAME	
STREET ADDRESS	OVIEDO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D KRAUS, MIKE <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3173 BOTHWELL COURT	4.2 NAME	
STREET ADDRESS	OVIEDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BELECKAS, PAUL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3176 BOTHWELL COURT	5.2 NAME	
STREET ADDRESS	OVEIDO FL	5.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *Paul Beleckas* **Paul Beleckas** DATE **4-14-99** DAYTIME PHONE # **407-365-3339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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