

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90141 037 ****61.25

DOCUMENT # N46953

1. Entity Name

COBBLESTONE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 677307
 ORLANDO FL 32867
 US

PO BOX 677307
 ORLANDO FL 32867-7307
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3003985

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASCA, JOSEPH
7523 ALOMA AVE
SUITE 210
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Joseph Frasca

3/28/00

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
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCARCELLI, LINDA	
STREET ADDRESS	1595 THORNHILL CIR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KEENE, PAUL	
STREET ADDRESS	1519 THORNHILL CIR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYKO, TOM	
STREET ADDRESS	1451 THORNHILL CIR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KRAUS, MIKE	
STREET ADDRESS	3173 BOTHWELL COURT	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELECKAS, PAUL	
STREET ADDRESS	3176 BOTHWELL COURT	
CITY-ST-ZIP	OVEIDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Paul A. Keene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

407365-3339

Date

Daytime Phone #

CR2E037 (9/99)