

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90251 041 \*\*\*\*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 32867-307  
 US

**361110**



DO NOT WRITE IN THIS SPACE

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

Zip

Country

Zip

Country

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 **Joseph Frasca**  
 Street Address (P.O. Box Number is Not Acceptable) **90 Preferred Community Management**  
**4962 N. Palm Avenue**  
 City **Winter Park** FL **32792-9111**

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*

**JOSEPH FRASCA**

**3/14/02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TUTTLE, ROSE</b>	
STREET ADDRESS	<b>3150 BALMORAL CT</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>KEENE, PAUL</b>	
STREET ADDRESS	<b>1519 THORNHILL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BOYKO, TOM</b>	
STREET ADDRESS	<b>1451 THORNHILL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KRAUS, MIKE</b>	
STREET ADDRESS	<b>3173 BOTHWELL COURT</b>	
CITY-ST-ZIP	<b>OVIEDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELECKAS, PAUL</b>	
STREET ADDRESS	<b>3176 BOTHWELL COURT</b>	
CITY-ST-ZIP	<b>OVEIDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRISTINE KRAUS</b>	
STREET ADDRESS	<b>3173 BOTHWELL CT</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEAN NEWMAN</b>	
STREET ADDRESS	<b>1664 THORNHILL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>	
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*  
**PAUL A. KEENE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-02**

Date

**407-365-3339**

Daytime Phone #

CR2E037 (9/01)