


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90188 050 ****61.25

DOCUMENT # N46953	
1. Entity Name COBBLESTONE MAINTENANCE ASSOCIATION, INC.	

Principal Place of Business P. O. BOX 677307 ORLANDO FL 32867 US	Mailing Address PO BOX 677307 ORLANDO FL 32867-307 US
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50048518



1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent	
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32792-9111	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEENE, PAUL <input type="checkbox"/> Delete 1519 THORNHILL CIR OVIEDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINK, PAULINE <input type="checkbox"/> Delete 1652 THORNHILL CIR. OVIEDO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MITHCELL, JOHNS <input checked="" type="checkbox"/> Delete 1462 THORNHILL CIR. OVIEDO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, SEAN <input type="checkbox"/> Delete 1664 THORNHILL CIRCLE OVIEDO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MATOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1491 THORNHILL CIR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRISTINE KRAUS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3173 BOTHWELL CT. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Date: 4-28-05 Daytime Phone #: 407-365-3339