## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N46953**

1. Entity Name

## COBBLESTONE MAINTENANCE ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91402 017 \*\*\*\*61.25

City & State  City & State  City & State  Country  Country  Country  Country  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Streat Address (P.O. Box Number is Not Acceptable)  City  FL  Zip  City  FL  Zip					<u></u> J			
Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGE  City & State   City & State   City & State    Zip   Country   Zip   Country   5, Certificate of Status Desired   \$8.75	P. O. BOX 677307 ORLANDO FL 32867		PO BOX 677307 ORLANDO FL 32867-307		)	110 <b>4</b> 1110 16101 01100 1111 01011 010		<b>8</b>    <b>8</b>     <del>1</del> 88 <del>1</del>
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired Agent Address of New Registered Agent Status Desired Agent Statu	2. Principal Place of Business		3. Mailing Address					
Secondary   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
September   Sept	City & State		City & State		4. FEI Number 50	3003985	_ <del>                                    </del>	plied For at Applicable
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32732-9111  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. I am familiar with the obligations of registered agent.  Signature  Signature Symptomy speed or pringel-wave of registered agent and alter facelicable.  WINTER PARK FL 32732-9111  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  Signature Symptomy speed or pringel-wave of registered agent and alter facelicable.  WINTER PARK FL 32732-9111  Signature Park FL 32732-9111  FILE NOW: FEE IS S61.25  9. Election Campaign Financing Trust Fund Contribution.  Make Check Payable Florida Department of Trust Fund Contribution.  The NAME STREET ADDRESS of TITLE NAME STREET ADDRESS OF STREET ADDRESS	Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add	litional
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32732-9111  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. I am familiar with the obligations of registered agent.  Signature  Signature Symptomy speed or pringel-wave of registered agent and alter facelicable.  WINTER PARK FL 32732-9111  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.  Signature Symptomy speed or pringel-wave of registered agent and alter facelicable.  WINTER PARK FL 32732-9111  Signature Park FL 32732-9111  FILE NOW: FEE IS S61.25  9. Election Campaign Financing Trust Fund Contribution.  Make Check Payable Florida Department of Trust Fund Contribution.  The NAME STREET ADDRESS of TITLE NAME STREET ADDRESS OF STREET ADDRESS		6. Name and Address of Current	 Registered Agent		7. Name and Add	ress of New Registered	•	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City			<b>g</b>	Name			- <del></del>	
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 the obligations of registered agent.  SIGNATURE    Signature   Signature tripped name or registered agent and side if applicable.   (NOTE Registered Agent algorithm or organized Agent algorithm orga	C/O PREF	ERRED COMMUNITY MANAGEM	ENT					
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 the obligations of registered agent.  SIGNATURE    Signature: Typed or prinsel name of registered agent and kile if applicable.   (NOTE: Registered Agent agreeve required when reinstating)   DATE	WINTER PARK FL 32792-9111			City		FI	Zip Code	e
Trust Fund Contribution. Added to Fees Florida Department of Trust Fund Contribution. Added to Florida Department of Trust Fund Contribution. Added Trust Fu	IGNATURE _	Signature, typed or printed name of registered agent					k Pavahlo	
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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 a lock 10 or Block 11 if 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 a lock 10 or Block 11 if 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 a lock 10 or Block 11 if the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the corporatio

SIGNATURE:

PAUL KEENE

4/24/03

407-365- 5339