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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90045 010 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT. 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002389

1. Corporation Name
COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 05/04/1994 4. FEI Number 59-3242839 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent HART, JAMES W 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779-5044	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZRIED, FREDRICK L	1.2 NAME	
STREET ADDRESS	21243 COBBLEFIELD CIRCLE	1.3 STREET ADDRESS	2143
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEEGEAN, JOHN	2.2 NAME	GEEGAN, JACK
STREET ADDRESS	2237 COBBLEFIELD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 35703	2.4 CITY-ST-ZIP	32703
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAREWOOD, ALICE	3.2 NAME	
STREET ADDRESS	2137 COBBLEFIELD CIRCLE	3.3 STREET ADDRESS	2134
CITY-ST-ZIP	APOPKA FL 32703	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DURITZ, SHARON
STREET ADDRESS		4.3 STREET ADDRESS	2341 COBBLEFIELD CIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MASTRAPA, ORLANDO
STREET ADDRESS		5.3 STREET ADDRESS	1008 SHALE TRAIL ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	APOPKA FL 32703
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	REED, LOUISE
STREET ADDRESS		6.3 STREET ADDRESS	2031 COBBLEFIELD CIR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	APOPKA FL 32703

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 *[Signature]* SIGNATURE REQUIRED *[Signature]* 2/17/99 782-6700 x.277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

254333-90045-10
N94000002389

COBBLEFIELD HOMEOWNERS ASSN., INC.

TITLE NAME	SD	DELETE	ADDITION X	CHANGE
STREET ADDRESS	TURNER, DENIS			
CITY ST ZIP	2003 COBBLEFIELD CIR APOPKA FL 32703			

TITLE NAME	DELETE	ADDITION	CHANGE
STREET ADDRESS			
CITY ST ZIP			

TITLE NAME	DELETE	ADDITION	CHANE
STREET ADDRESS			
CITY ST ZIP			

TITLE NAME	DELETE	ADDITION	CHANGE
STREET ADDRESS			
CITY ST ZIP			

TIT.E NAME	DELETE	ADDITION	CHANGE
STREET ADDRESS			
CITY ST ZIP			