

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90103 022 ****61.25

DOCUMENT # N94000002389
 1. Entity Name
COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business % JASON MURPHY 2366 COBBLEFIELD CIRCLE APOPKA FL -5044	Mailing Address % JASON MURPHY 2366 COBBLEFIELD CIRCLE APOPKA FL -5044
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>190 N Westmonte Dr.</i>	3. Mailing Address <i>190 N. Westmonte Dr.</i>
Suite, Apt. #, etc. <i>100</i>	Suite, Apt. #, etc. <i>100</i>
City & State <i>Altamonte Springs, FL</i>	City & State <i>Altamonte Springs, FL</i>
Zip <i>32714</i>	Zip <i>32714</i>
Country <i>US</i>	Country <i>US</i>

4. FEI Number 59-3242839	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
CAMPBELL, MARILYN
190 N. WESTMONTE DRIVE, SUITE 100
ALTAMONTE SPRINGS FL 32714

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.

SIGNATURE _____ (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	
TITLE D	<input type="checkbox"/> Delete
NAME ZRIED, FREDRICK L	
STREET ADDRESS 2143 COBBLEFIELD CIRCLE	
CITY-ST-ZIP APOPKA FL 32703	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME NIELSON, CAROL M	
STREET ADDRESS 2406 COBBLEFIELD CIR	
CITY-ST-ZIP APOPKA FL 32703	
TITLE TD	<input type="checkbox"/> Delete
NAME CUDDY, JANE R	
STREET ADDRESS 2400 COBBLEFIELD CIR	
CITY-ST-ZIP APOPKA FL 32703	
TITLE VD	<input type="checkbox"/> Delete
NAME KURITZ, SHARON	
STREET ADDRESS 2341 COBBLEFIELD CIR	
CITY-ST-ZIP APOPKA FL 32703	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ALLEN, DERRICK	
STREET ADDRESS 2396 COBBLEFIELD CIR	
CITY-ST-ZIP APOPKA FL 32703	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MORPHY, JASON	
STREET ADDRESS 2366 COBBLEFIELD CIR	
CITY-ST-ZIP APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Cuddy, Jane	
STREET ADDRESS 2400 Cobblefield Cir.	
CITY-ST-ZIP Apopka, FL 32703	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kuritz, Sharon	
STREET ADDRESS 2341 Cobblefield Cir.	
CITY-ST-ZIP Apopka, FL 32703	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Rowell, Kanterisa	
STREET ADDRESS 2348 Cobblefield Cir.	
CITY-ST-ZIP Apopka, FL 32703	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bauer, Stephen	
STREET ADDRESS 2290 Cobblefield Cir.	
CITY-ST-ZIP Apopka, FL 32703	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Hamm, Genevieve	
STREET ADDRESS 2056 Cobblefield Cir	
CITY-ST-ZIP Apopka, FL 32703	
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: *Jane Cuddy* **Jane Cuddy (407) 862-2250 X312**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E037 (9/01)