


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90046 039 ****61.25

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DOCUMENT # N94000002389					
1. Entity Name COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 190 N WESTMONTE CR # 100 ALTAMONTE SPRINGS, FL 32714		Mailing Address 190 N WESTMONTE CR # 100 ALTAMONTE SPRINGS, FL 32714			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, MARILYN 190 N. WESTMONTE DRIVE, SUITE 100 ALTAMONTE SPRINGS, FL 32714			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	ADD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, BRIAN		NAME	BRIAN DECKER	
STREET ADDRESS	1057 SHALE TRAIL ST		STREET ADDRESS	1057 SHALE TRAIL	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUONG, STEVE		NAME	STEVE YUONG	
STREET ADDRESS	2135 COBBLEFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	ADD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, KONTEASA		NAME	SID REACHES DECKER	
STREET ADDRESS	2348 COBBLEFIELD CIR		STREET ADDRESS	1057 SHALE TRAIL	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURITZ, SHARON		NAME		
STREET ADDRESS	2341 COBBLEFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, STEPHEN		NAME		
STREET ADDRESS	2290 COBBLEFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, GENEVIEVE		NAME		
STREET ADDRESS	2056 COBBLEFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	APAPKA, FL 32703		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: <i>Sharon L Kuritz</i>			Date: <i>2/11/04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		