


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002389

1. Entity Name
COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

190 N WESTMONTE CR 190 N WESTMONTE CR
 # 100 # 100
 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3242839 Not Applicable

5. Certificate of Status Desired **\$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

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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)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DECKER, BRIAN
STREET ADDRESS	1057 STALE TRAIL ST
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VPD
NAME	YOUNG, STEVE
STREET ADDRESS	2135 COBBLEFEILD CIR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	SD
NAME	DECKER, PEACHES
STREET ADDRESS	1057 SHALE TRAIL
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	P
NAME	KURITZ, SHARON
STREET ADDRESS	2341 COBBLEFIELD CIR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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UDD0000341131
 04/29/05-80003-013 \$1.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Sharon Kuritz* Date: **4/25/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #