


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 013 ****61.25

DOCUMENT # N9400002389

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**

00064014

2. Principal Place of Business - No P.O. Box #
860 North S.R. 434

3. Mailing Address
860 North S.R. 434

Suite, Apt. #, etc.
Suite 1009

Suite, Apt. #, etc.
Suite 1009



03192008 Chg-NP CR2E037 (12/06)

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32714

Country
USA

Zip
32714

Country
USA

4. FEI Number
59-3242839

Applied For
 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**

7. Name and Address of New Registered Agent

Name
Campbell marilyn

Street Address (P.O. Box Number is Not Acceptable)
860 North S.R. 434

Suite, Apt. #, etc.
Suite 1009

City
Altamonte Springs

FL

Zip Code
32714

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 *Marilyn Campbell* 3/25/08 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, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, ADAM 3231 CABBLEFIELD CR. APOPKA, FL 32703	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, LISA 2231 COBBLE FIELD CIR APOPKA, FL 32703	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GALIPEAU, JEFFREY 2264 PEEBLE WOOD DR APOPKA, FL 32703	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONRAD, EVA 2238 COBBLEFIELD CR APOPKA, FL 32703	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CONRAD, MATT 2238 COBBLEFIELD CR APOPKA, FL 32703	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 4/11/08 321-206-3196

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