

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002389

FILED
Feb 29, 2012
Secretary of State

Entity Name: COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2231 COBBLEFIELD CR
APOPKA, FL 32703 US

New Principal Place of Business:

2264 PEBBLEWOOD DR
APOPKA, FL 32703 US

Current Mailing Address:

860 NORTH S.R. 434
SUITE. 1009
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3242839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: FERGUSON, MAKEALA
Address: 1040 SHALE TRAIL ST
City-St-Zip: APOPKA, FL 32703 US

Title: D
Name: RILEY, WILLETT
Address: 1058 PINE ST
City-St-Zip: APOPKA, FL 32703 US

Title: P
Name: GALIPEAU, JEFFERY
Address: 2264 PEEBLEWOOD DR.
City-St-Zip: APOPKA, FL 32703 US

Title: VP/S
Name: MONTALVO, FILIPE
Address: 2296 COBBLEFIELD CR.
City-St-Zip: APOPKA, FL 32703 US

Title: MGR
Name: HERNQUIST, EDITH A
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDITH A. HERNQUIST

MGR

02/29/2012

Electronic Signature of Signing Officer or Director

Date