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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N9400002998 (2)

COBBLESTONE OAKS HOMEOWNER'S ASSOCIATION, INC.

							(8) 18 18	
Principal Place of Business Mailing Address						I INDIANA DIE IDIN DINCE NORM ODICA	1644 9010 9010 [F0]0 1	
6001 S.W. 45 Davie Fl 33	6001 S.W. 45TH ST. Davie Fl 33314							
						3. Date Incorporated or Qualified	3a. Date of Las	•
Principal Place of Business 2a. Mailing Address						06/16/1994 4. FEI Number	04/13/	·
2. Principal Pi	ace of Business	2a. Mairing Address				65-0509914	H	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05 0503914	\$9.7	Not Applicable 5 Additional		
22		27		5. Certificate of Status Desired	1 1 7 1	9 Required		
City & State		City & State		6. Election Campaign Financing	\$5.	00 Мау Ве		
23		28	_			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for in	_ ~	s. 199.032,
24 25 29 29 9. Name and Address of Current Registe			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g. Name and Address of Curren	in negistered Agent		B1	Name	10. Name and Address of New Re	gistered Agent	
701150								
	EK, RONALD L		82 Street Add		Street Addi	ess (P.O. Box Number is Not Acceptable	»)	
DAVIE F	W. 45TH ST.		1	B3				
DAVICT	L 30314			34	City		Toe I	Zip Code
					•			•
11. Pursuant f	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	es, the above	e-na	amed corpor	ration submits this statement for the purp rd of directors. I hereby accept the appoint	ose of changing its	registered office
familiar wi	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	od by the co	וטקזיי	ration's boar	to of directors. Thereby accept the appor	minerii as registere	od agent. Fami
SIGNATURE .	Signature, typed or printed name of registered agen	Local Man Constanting (NO)	TC - Flore record 6		20.000	o when reinstating)	DATE	
12.		ID DIRECTORS	13.	Grant :	aidi atrae technici	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	DP	DELETE	1.1 TITL	E			Change	
NAME	TOMECEK, RONALD L		1.2 NAM	AE.				_
STREET ADDRESS	6001 S.W. 45TH ST.		1.3 \$TR	EET A	ADDRESS			
CITY - ST - ZIP	DAVIE FL 33314		1.4 CITY	1.4 CITY - ST - ZIP				
Tille	DV	DELETE	2 1 TITL	E			☐ Change	Addition
NAME	GOLDSTEIN, PAUL E		2 2 NAM	ħΕ				
STREET ADDRESS	6001 S.W. 45TH ST.		23 STR	EET A	ADDRESS			
CITY - ST - ZIP	DAVIE FL 33314			2 4 CITY - ST - ZIP				
TOTLE	DST			31 TITLE			Change	Addition
NAMÉ	SHOAFF, SANDRA L		3 2 NAM					
STREET ADDRESS	6001 S.W. 45TH ST.				ADDRESS			
CHTY-ST-ZIP TITLE	DAVIE FL 33314	DELETE	3.4. CIT		- ZIP		Change	Addition
NAME		Преселе					L Change	☐ Maddinii
STREET ADDRESS			4 2 NAM		DODECC			
					ADORESS			
CITY-ST-ZIP TITLE		DELETE	44 CITY 5.1 TITL		- 617		Change	Addition
NAME			5.2 NAM					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 City					
TITLE		DELETE	6 1 THTL				Change	Addition
NAME			62 NAM	4E			_	
STREET ADDRESS			63 STR	EET AI	LODRESS			
CITY-ST-ZIP			6.4 CiTY					
	v certify that the information supplied	with this filing is voluntarily furni-				or the exemption stated in Section 119.0	7/3Vk) Elorida Stat	utes I further

root hereby early that the information included with this limit is voluntarily turnished and does not quality for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. Further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer of freecond 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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE On ald L. Tomecek SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96

954-791-6800

CR2E037 (12/95)

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