



**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002998 1. Entity Name COBBLESTONE OAKS HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 6045 SW 58 COURT DAVIE, FL 33314	Mailing Address 6045 SW 58 COURT DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



04252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0509914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GENTILE-BUZZEO, PATRICIA 6045 SW 58 COURT DAVIE, FL 33314	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

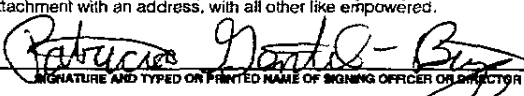
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRTH, MICHAEL 6035 SW 58TH COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, RENY 5925 SW 58TH CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMPRON, ANGEL 5910 SW 58TH COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENTILE-BUZZEO, PATRICIA 6045 SW 58 COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEMENAUER, MICHAEL 6020 SW 58TH COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/04-80072-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **4-25-04** **(954)316-8959**

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