


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002998 1. Entity Name COBBLESTONE OAKS HOMEOWNER'S ASSOCIATION, INC.	
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6045 SW 58 COURT DAVIE, FL 33314	Mailing Address 6045 SW 58 COURT DAVIE, FL 33314
--------------------------------------------------------------------	--------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04062006 No Chg-NP CR2E037 (11/05)

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

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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRTH, MICHAEL 8035 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 CHAMPION, 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	

U00000505583
 04/26/06-80120-007 61.25

DO NOT WRITE IN THIS SPACE

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: Patricia Gentile-Buzzeo 4-6-2006 954-316-8659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #