

**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



**\$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**

5. 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

Signature, typed or printed name of registered agent and title if applicable

(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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-2006

Date

954-316-8159

Daytime Phone