

" Amended "

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 26 PM 10:12


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021294582
07/03/03--01003--026 **\$61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # N9400002998

1. Entity Name
Cobblestone Oaks Homeowners Association



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6045 S.W. 58th Ct
Suite, Apt. #, etc.

3. Mailing Address
6045 S.W. 58th Ct
Suite, Apt. #, etc.

City & State
Davie, FL

City & State
Davie, FL

Zip
33314

Country
Florida

Zip
33314

Country
Florida

4. FEI Number
65-050-9914

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Patricia Gentile-Buzzo

Street Address (P.O. Box Number is Not Acceptable)
6045 S.W. 58th Court

City
Davie

FL

Zip Code
33314

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 Patricia Dentis Buzzo DATE 6-20-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent name is required when re-registering)

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President Michael Henth 6035 S.W. 58th Court Davie, FL 33314</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-President Reny Bryant 5925 S.W. 58th Court Davie, FL 33314</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary Angel Champion 5910 S.W. 58th Court Davie, FL 33314</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer Patricia Gentile-Buzzo 6045 S.W. 58th Court Davie, FL 33314</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director Michael Schemenauer 6020 S.W. 58th Court Davie, FL 33314</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Dentis Buzzo Date 6-20-03 Daytime Phone # 954-316-8959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)

9/6/26