

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90025 028 \*\*\*\*61.25

**DOCUMENT # N01000000139**



1. Entity Name  
**COBBLESTONE OF MARION COUNTY HOMEOWNERS'  
ASSOCIATION, INC.**

Principal Place of Business  
**1111 NORTHEAST 25TH AVE STE 102  
OCALA, FL 34470**

Mailing Address  
**1111 NORTHEAST 25TH AVE STE 102  
OCALA, FL 34470**

**94027223**



2. Principal Place of Business  
**2605 S. W. 33rd Street**  
Suite, Apt. #, etc.  
**OCALA, FL**

3. Mailing Address  
**P.O. Box 2495**  
Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
**Ocala, FL**

City & State  
**Ocala, FL**

4. FEI Number  
**59-3740796**

Applied For  
☐ Not Applicable

Zip  
**34474**

Country  
**USA**

Zip  
**34478**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BOONE, KIRK**  
**1111 NORTHEAST 25TH AVE STE 102**  
**OCALA, FL 34470**

**7. Name and Address of New Registered Agent**

Name  
**Kirkpatrick, Kenneth**  
Street Address (P.O. Box Number is Not Acceptable)  
**2605 S.W. 33rd Street**

City  
**Ocala** **FL** Zip Code  
**34474**

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

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, 2004**

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	DP BOONE, KIRK 1111 NORTHEAST 25TH AVE STE 102 OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BOONE, ER 615 EAST SILVER SPRINGS BLVD OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, TRUDY 615 EAST SILVER SPRINGS BLVD OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Arvanitis, James 8038 SE 12th Ct. Ocala, FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bennett, Steve 4220 S.E. 104th Street Bellevue, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Turner, Margaret 4305 S. E. 106th St. Bellevue, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Raduns-Owen, Anne 10440 SE 41st Terr. Bellevue, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goldman, Mike 10525 S.E. 42nd Ct. Bellevue, FL 34420	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**James Arvanitis**

**1/14/04**

**352/369-9881**