## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2005 8:00 am Secretary of State

04-12-2005 90157 014 \*\*\*\*61.25

## **DOCUMENT # N01000000139**

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



ASSOCIA	ATION, INC.			`						
2605 SW 33RD STREET PO		PO B	Mailing Address PO BOX 2495 OCALA, FL 34478		2	003018'	7.			
		-   - 44-00								
2. Principal Place of Business 3.			3. Mailing Address					II BENK BENK BOLEK		
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			02072005	Chg-NP	CR2E037	(10/03)	
City & Stat	City & State  Zip Country		City & State			4. FEI Number 59-37407		<u> </u>	_	plied For t Applicab
Zip Country		Zip	Zip Con		ry	5. Certificate of	Status Desired		3.75 Add	
	6. Name and Address of Current	Registere	d Agent			7. Name and A	dress of New R			
KIDKDATE	SICK KENNETH				Name					
2605 SW 33RD STREET OCALA, FL 34474			Street Address		(P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	)
i e	e named entity submits this statement to	or the purpo	ose of changing its reg	gistered	office or regist	ered agent, or both,	in the State of Flo	orida. I am far	niliar with,	and accep
	•									
SIGNATURE	Signature, typed or printed name of registered agent	and title if need	icable (NOTE: B	anieterad Az	gent signature requin	and whom coincratings		DATE		
	Signature, typed or prefer hans or registered agent		MODE. N	ogisioi ou n	gera argressore reque		Day on The Sales		Wash of the	.acatean 11
	Filing Fee is \$61.25 Due by May 1, 2005	Ì	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	,Flor	lake check p ida Departm	ayable to ent of St	ate .
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHAN				10
TITLE	DP ARVANITIS, JAMES	•	☑ Delete	TITLE NAME	S/I	och, W. Sco	++	כ	Change	Additio
NAME Street adoress	8038 SE 12TH CT					220 S.E. 42				
CITY-ST-ZIP	OCALA, FL 34480			CITY-ST		lleview, FL				
TITLE	DV .		☑ Delete	TITLE	D				Change	<b>∑</b> Additio
NAME PARES ARRESTS	BENNETT, STEVE			NAME		ant, Cathe				
STREET ADDRESS CITY-ST-ZIP	4220 SE 104TH STREET BELLEVIEW, FL 34420			CITY-ST	420	55 SE 106th Lleview FL				
TITLE	TD		☐ Delete	TITLE	D.	LIEVIEW, FL	<u></u>		Change	<b>⊠</b> Additio
NAME	TURNER, MARGARET			NAME		dmores Tob	n			
STREET ADDRESS	4305 SE 106TH ST			CIDELL		idmore, Joh				
CITY-ST-ZIP						L80 SE 42 C	t.			
	BELLEVIEW, FL 34420		PS Polate	CITY-ST	TO:		t.		7 Chance	☐ Additio
TITLE NAME			☑ Delete		TO:	L80 SE 42 C	t.		Change	☐ Additio
!	BELLEVIEW, FL 34420 SD	_	☑ Delete	CITY-ST TITLE NAME	TO:	L80 SE 42 C	t.	С	Change	Additio
NAME	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE		☑ Delete	CITY-ST TITLE NAME	ADDRESS   F-ZIP	L80 SE 42 C	t.			☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE 10440 SE 41ST TERRACE BELLEVIEW, FL 34420 D		☑ Delete ☐ Defete	CITY-ST TITLE NAME STREET / CITY-ST TITLE	ADDRESS	L80 SE 42 C	t.		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE 10440 SE 41ST TERRACE BELLEVIEW, FL 34420 D GOLDMAN, MIKE			CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS 1-ZIP P/1	L80 SE 42 C	t.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE 10440 SE 41ST TERRACE BELLEVIEW, FL 34420 D			CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS   P/1 ADDRESS   P/1 ADDRESS	L80 SE 42 C	t.			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE 10440 SE 41ST TERRACE BELLEVIEW, FL 34420 D GOLDMAN, MIKE 10525 SE 42ND CT			CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET /	ADDRESS   P/1 ADDRESS   P/1 ADDRESS	L80 SE 42 C	t.			
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NAME STREET ADDRESS CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST- ZIP	BELLEVIEW, FL 34420 SD RADUNS-QWEN, ANNE 10440 SE 41ST TERRACE BELLEVIEW, FL 34420 D GOLDMAN, MIKE 10525 SE 42ND CT		☐ Defete	CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS	L80 SE 42 C	t.		<b>X</b> Change	☐ Additio

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 dispowered 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 all address, with all other like empowered.

SIGNATURE:

Mike Goldman, Pres. 2/15/05

352/369-9881