

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46953

**FILED**  
**Mar 11, 2014**  
**Secretary of State**  
**CC1619502737**

**Entity Name:** COBBLESTONE MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

4962 N. PALM AVENUE  
WINTER PARK, FL 32792

**Current Mailing Address:**

PO BOX 4129  
WINTER PARK, FL 32793 US

**FEI Number: 59-3003985**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FRASCA, JOSEPH  
C/O PREFERRED COMMUNITY MANAGEMENT  
4962 N. PALM AVE  
WINTER PARK, FL 32792-9111 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name CLIFTON, ESTELA  
Address PO BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title SD  
Name SANTANA, LUIS  
Address PO BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title VPD  
Name MATOS, PAULA  
Address PO BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title PRESIDENT, DIRECTOR  
Name KUGLER, KRISTINE  
Address PO BOX 4129  
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR  
Name KRAUS, KRISTINE  
Address PO BOX 4129  
City-State-Zip: WINTER PARK FL 32793

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KRISTINE KUGLER**

**PRESIDENT**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date