

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46953

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 1680 THORNHILL CIR
City-State-Zip: OVIEDO FLTitle SD
Name SANTANA, LUIS
Address 1466 THORNHILL CIR
City-State-Zip: OVIEDO FL 32765Title VPD
Name MATOS, PAULA
Address 1491 THORNHILL CIRCLE
City-State-Zip: OVIEDO FL 32765Title D
Name KUGLER, KRISTINE
Address 1518 THORNHILL CIR
City-State-Zip: OVIEDO FL 32765Title PD
Name KRAUS, KRISTINE
Address 3173 BOTHWELL COURT
City-State-Zip: OVIEDO FL 32765

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: KRAUS , KRISTINE**PRESIDENT****03/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date