

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002389

Entity Name: COBBLEFIELD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1058 PINE STREET
APOPKA, FL 32703

Current Mailing Address:

860 NORTH S.R. 434
SUITE. 1009
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3242839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, MARILYN
860 NORTH S.R. 434
ALTAMONTE SPRINGS, FL 32714 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 S/T
Name RILEY, WILLETT
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title P
Name YOUNG, MICHELLE L
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name LEE, CHARLOTTE T
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name FLORES, JUAN
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name HAREWOOD, ALICE
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D
Name DAVIS, PATRICE L
Address 860 NORTH S.R. 434
SUITE. 1009
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: JUAN FLORES

MANAGER

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date