

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

DOCUMENT# N94000002998

**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC6897032287**

**Entity Name:** COBBLESTONE OAKS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

6045 SW 58 COURT  
DAVIE, FL 33314

**Current Mailing Address:**

6045 SW 58 COURT  
DAVIE, FL 33314

**FEI Number: 65-0509914**

**Certificate of Status Desired: No**

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

GENTILE-BUZZEO, PATRICIA  
6020 SW 58 COURT  
DAVIE, FL 33314 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 P  
Name SCHEMENAUER, MICHAEL  
Address 6020 SW 58TH COURT  
City-State-Zip: DAVIE FL 33314

Title T  
Name GENTILE-BUZZEO, PATRICIA  
Address 6045 SW 58 COURT  
City-State-Zip: DAVIE FL 33314

Title VP, SECRETARY  
Name BRYANT, DARREL  
Address 5925 SW 58TH COURT  
City-State-Zip: DAVIE FL 33314

*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: PATRICIA GENTILE-BUZZEO**

**TREASURER**

**05/01/2014**

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

\_\_\_\_\_  
Date