


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90030 042 \*\*\*\*61.25

<b>DOCUMENT # 720926</b>	
<b>1. Entity Name</b>	
COBBLESTONE VILLAGE CONDOMINIUM MANAGEMENT ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
3511 S. PENINSULAR DR DAYTONA BEACH FL 32127-4623	3511 S. PENINSULAR DR DAYTONA BEACH FL 32127-4623

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>		<b>59-1631015</b>		<input type="checkbox"/> Applied For
				<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HUNT, JAMES SOUTHEAST MANAGEMENT SERVICES, INC. 3511 S PENINSULAR DRIVE DAYTONA BEACH FL 32127		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

**8.** 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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORDON, ANN	NAME	
STREET ADDRESS	625 N HALIFAX AV 19	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WREND, GEORGE	NAME	
STREET ADDRESS	625 N. HALIFAX AVE #18	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CLAIRE	NAME	
STREET ADDRESS	625 N HALIFAX AV 20	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, ERNIE	NAME	
STREET ADDRESS	625 N HALIFAX AVE #30	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHES, MARK	NAME	SUSAN CURRAN
STREET ADDRESS	625 N. HALIFAX AVE #34	STREET ADDRESS	625 N. HALIFAX AVE #22
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGSDON, RICHARD	NAME	
STREET ADDRESS	625 N. HALITAN AVE. #24	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered 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 an address, with all other like empowered.

**SIGNATURE:** James Hunt **1-18-06 (386) 764-5733 x29**