2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000007309



FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90185 025 ****61.25

1. Entity Name VILLAS OF COBBLESTONE NEIGHBORHOOD ASSOCIATION, INC.										
Principal Place of Business Mailing Address 3057 COBBLEWOOD LANE 3057 COBBLEWOOD LANE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225							10085376			nus) 81 lber
2. Principal f	Place of Business - N	lo P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0418200	7 Chg-NP	CR2E0	37 (12/06)	
City & State			City & State		4, FEI Nur NOT	nber APPLICABLE			optied For ot Applicable	
Zip Country		untry	Zip	Zip Country		5. Certific	ate of Status Desired		\$8.75 Add	
	6. Name and Ad	idress of Current F	Registered Agent			7. Name a	and Address of New	Registered	Agent	 -
REDELL	EI AINE				Name					
BEDELL, ELAINE 3057 COBBLEWOOD LANE JACKSONVILLE, FL 32225					Street Address (P.O. Box Number is Not Acceptable)					
]					City			FL	Zip Cod	le
	a named entity submit tions of registered ag		the purpose of changing it	s registere	ed office or reg	gistered agent, or	both, in the State of			and accept
SIGNATURE	Signature, typed or printed i	name of registered agent a	nd litte if applicable. (NO	TE: Registered	Agent signature re-	equired when reinstating		DATE		
Filing Fee Is \$61.25 9. Election Campaign Final Pure by May 1 2007 Trust Fund Contribution.										
4	- "					\$5.00 Ma	y Be es Fi		k payable t	
	Due by May 1,	2007	Trust Fund	Contributi		Added to Fe	es Fi	orida Depa	rtment of Si	tate
10.	Due by May 1,		Trust Fund	Contribution 11.	on.	Added to Fe	y Be les FI CHANGES TO OFFIC	orida Depa	rtment of SI	I 10
	Due by May 1,	2007 OFFICERS AND DIR	Trust Fund	Contributi	on	Added to Fe	es Fi	orida Depa	rtment of Si	tate
10. TITLE NAME STREET ADDRESS	VP BEDELL, ELAINE 3057 COBBLEW	2007 DEFICERS AND DIR E OOD LANE E.	Trust Fund	11. TITLE	on	Added to Fe	es Fi	orida Depa	rtment of SI	I 10
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I melecy certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

SIG	NATL	JRE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR