

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90319 010 \*\*\*\*61.25

DOCUMENT # N01000003436

1. Entity Name  
COBBLEFIELD OWNERS ASSOCIATION, INC.



Principal Place of Business  
4623 NW 53 AVE  
GAINESVILLE, FL 32606

Mailing Address  
4623 NW 53 AVE  
GAINESVILLE, FL 32606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
94-3428594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARAHALIOS, EFSTATHIOS  
4623 NW 53 AVE  
GAINESVILLE, FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME ROBINSON, G.W.  
STREET ADDRESS 6208 NW 43RD ST.  
CITY - ST - ZIP GAINESVILLE, FL 32653

TITLE D ☐ Delete  
NAME ROBINSON, KATE  
STREET ADDRESS 6208 NW 43RD ST.  
CITY - ST - ZIP GAINESVILLE, FL 32653

TITLE D ☐ Delete  
NAME ROBINSON, RANDY  
STREET ADDRESS 6208 NW 43RD ST.  
CITY - ST - ZIP GAINESVILLE, FL 32653

TITLE D ☐ Delete  
NAME CAIN, GLENDA G  
STREET ADDRESS 6208 NW 43 ST  
CITY - ST - ZIP GAINESVILLE, FL 32653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/06

Date

352  
373-172K

Daytime Phone #

ext 222