2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N01000003436

Entity Name: COBBLEFIELD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14506
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 94-3428594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WESTON BAUR/ ED BAUR MANAGEMENT INC.
DBA FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH STREET SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

E BAUR MANAGEMENT INC.
1731 NW 6TH STREET
STE A
GAINESVILLE, FL 32609 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: HAL WHITTET 03/27/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PALGON, FRED
Address: 8710 SW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: S ( ) Delete
Name: GILLETTE, KAREN
Address: 8858 SW 11TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: T ( ) Delete
Name: FRIEDBERG, LARRY
Address: 8444 SW 8 PL
City-St-Zip: GAINESVILLE, FL 32607

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/T (X) Change ( ) Addition
Name: FRIEBERG, LARRY
Address: 8444 SW 8TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

Title: S (X) Change ( ) Addition
Name: LAWSON, SANDRA
Address: 8582 SW 12TH LANE
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Change (X) Addition
Name: HUMPHERYS, KAREN
Address: 8846 SW 15TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Change (X) Addition
Name: BERGER, JOANTHAN
Address: 819 SW 86TH WAY
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED PALGON P 03/27/2009
Electronic Signature of Signing Officer or Director — Date