


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N06275
1. Entity Name
COBBLE STONE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4339 COBBLESTONE COURT **P. O. BOX 608415**
ORLANDO, FL 32810 **ORLANDO, FL 32860 US**



04222005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
59-2588023 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SOWERS, HARRY
4322 COBBLE STONE COURT
ORLANDO, FL 32810

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOWERS, HARRY 4322 COBBLES STONE COURT ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DOCTON, CATHERINE H. 4339 COBBLESTONE COURT ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOTHANN, KEN 4117 COBBLE STONE COURT ORLANDO, FL 32810
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04/27/05-80127-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Catherine H. Docton **Catherine H. Docton** 4/25/05 407 291-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #