


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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



Principal Place of Business
**4339 COBBLESTONE COURT
 ORLANDO, FL 32810**

Mailing Address
**P. O. BOX 608415
 ORLANDO, FL 32860 US**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2588023

Applied For
 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, 2006**

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

1100000540640
 05/10/06-80025-015 61.25

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Catherine H Docton Secy/Treas Date: 4/26/06 Daytime Phone #: 407 291-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR