

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21647** (5)

1. Corporation Name

COBBLESTONE COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4100 CORPORATE SQUARE
SUITE 157
NAPLES FL 33942**

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SUITE 157
NAPLES FL 33942**

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3033109

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHINN, BUTCH
4100 CORPORATE SQUARE
SUITE 157
NAPLES FL 33942**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **ROGERS, DICK**
STREET ADDRESS **5881 COBBLESTONE LANE #C202**
CITY - ST - ZIP **NAPLES FL**

TITLE **VD** ☒ DELETE
NAME **WOLFSIE, STAN**
STREET ADDRESS **5887 COBBLESTONE LANE**
CITY - ST - ZIP **NAPLES FL**

TITLE **ST** ☐ DELETE
NAME **MOORE, JEAN**
STREET ADDRESS **5881 COBBLESTONE LANE #C104**
CITY - ST - ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **MURCHISON, DALE**
STREET ADDRESS **5857 COBBLESTONE LANE #G103**
CITY - ST - ZIP **NAPLES FL**

TITLE **D** ☒ DELETE
NAME **ANDERSON, BOB**
STREET ADDRESS **5863 COBBLESTONE LANE F202**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **DAVIS, WENDALL**
2.3 STREET ADDRESS **5881 COBBLESTONE LANE #D201**
2.4 CITY - ST - ZIP **NAPLES FL 33962**

3.1 TITLE **TD** ☐ Change ☐ Addition
3.2 NAME **MOORE, JEAN**
3.3 STREET ADDRESS **5881 COBBLESTONE LANE #C104**
3.4 CITY - ST - ZIP **NAPLES FL 33962**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **MURCHISON, DALE**
4.3 STREET ADDRESS **5857 COBBLESTONE LANE #G103**
4.4 CITY - ST - ZIP **NAPLES FL 33962**

5.1 TITLE **SD** ☐ Change ☒ Addition
5.2 NAME **CONDINA, JAMES**
5.3 STREET ADDRESS **5851 COBBLESTONE LANE #H202**
5.4 CITY - ST - ZIP **NAPLES FL 33962**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **JACH, ROBERT**
6.3 STREET ADDRESS **5863 COBBLESTONE CT #F102**
6.4 CITY - ST - ZIP **NAPLES FL 33962**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A. BUTCH CHINN

Date

Daytime Phone

2-23-96 941-643-0650

CR2E037 (12/95)