


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90178 009 \*\*\*\*61.25

<b>DOCUMENT # N46953</b>	
1. Entity Name	
COBBLESTONE MAINTENANCE ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
P. O. BOX 677307 ORLANDO FL 32867 US	PO BOX 677307 ORLANDO FL 32867-307 US



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3003985	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT 4962 N. PALM AVE WINTER PARK FL 32792-9111

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	KEENE, PAUL
STREET ADDRESS	1519 THORNHILL CIR
CITY - ST - ZIP	OVIEDO FL
TITLE	SD
NAME	LINK, PAULINE
STREET ADDRESS	1652 THORNHILL CIR.
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	D
NAME	MATOS, DAVID
STREET ADDRESS	1491 THORNHILL CIRCLE
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	D
NAME	SANTANA, LUIS
STREET ADDRESS	1466 THORNHILL CIR
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	VPD
NAME	KRAUS, KRISTINE
STREET ADDRESS	3173 BOTHWELL COURT
CITY - ST - ZIP	OVIEDO FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	LINDA MITCHELL
STREET ADDRESS	1462 THORNHILL CIR
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	VPD
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	LILLY CROWELL
STREET ADDRESS	1538 THORNHILL CIR
CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	PD
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 Section 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:** Kristine L Kraus PRESIDENT 4.16.07 407.366.9993