

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46953

FILED
Apr 21, 2009
Secretary of State

Entity Name: COBBLESTONE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 677307
ORLANDO, FL 32867 US

New Principal Place of Business:

4962 N. PALM AVENUE
WINTER PARK, FL 32792 US

Current Mailing Address:

PO BOX 677307
ORLANDO, FL 32867307 US

New Mailing Address:

FEI Number: 59-3003985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVE
WINTER PARK, FL 327929111 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KEENE, PAUL
Address: 1519 THORNHILL CIR
City-St-Zip: OVIEDO, FL

Title: D () Delete
Name: MITCHELL, LINDA
Address: 1462 THORNHILL CIR
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: MATOS, DAVID
Address: 1491 THORNHILL CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CROWELL, LILY
Address: 1588 THORNHILL CIR
City-St-Zip: OVIEDO, FL 32765

Title: PD () Delete
Name: KRAUS, KRISTINE
Address: 3173 BOWWELL COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CLIFTON, ESTELA
Address: 1680 THORNHILL CIR
City-St-Zip: OVIEDO, FL

Title: SD (X) Change () Addition
Name: SANTANA, LUIS
Address: 1466 THORNHILL CIR
City-St-Zip: OVIEDO, FL 32765

Title: VPD (X) Change () Addition
Name: MATOS, PAULA
Address: 1491 THORNHILL CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

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

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: JOSEPH FRASCA

MGR

04/21/2009

Electronic Signature of Signing Officer or Director

Date