

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

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90076 024 \*\*\*\*61.25

**DOCUMENT # N94000002998**

1. Entity Name  
**COBBLESTONE OAKS HOMEOWNER'S ASSOCIATION,  
INC.**



Principal Place of Business  
**6045 SW 58 COURT  
DAVIE, FL 33314**

Mailing Address  
**6045 SW 58 COURT  
DAVIE, FL 33314**

**DO NOT WRITE IN THIS SPACE**



04242005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0509914**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GENTILE-BUZZEO, PATRICIA  
6045 SW 58 COURT  
DAVIE, FL 33314**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**P  
HIRTH, MICHAEL  
6035 SW 58TH COURT  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BRYANT, RENY  
5925 SW 58TH CT  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CHAMPION, ANGEL  
5910 SW 58TH COURT  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GENTILE-BUZZEO, PATRICIA  
6045 SW 58 COURT  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHEMENAUER, MICHAEL  
6020 SW 58TH COURT  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Michael Hirth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael Hirth*

Date

*4/26/05 954 584 3278*

Daytime Phone #