

**FILE NOW: FILING FEE IS \$61.25**

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**98 MAY 05 PM 3:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000565 (0)**  
1. Corporation Name  
**COBBLESTONE WALK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>10118 ROYAL PALM BLVD. CORAL SPRINGS FL 33065</b>	Mailing Address <b>934 N UNIVERSITY DR S. 154 CORAL SPRINGS FL 33071 US</b>
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3. Date Incorporated or Qualified <b>01/23/1995</b>	
4. FEI Number <b>05000159 650601659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 10184 Royal Palm Blvd</b>	2a. Mailing Address <b>28 Suite, Apt. #, etc.</b>
<b>22 Coral Springs</b>	<b>27 City &amp; State</b>
<b>23 FL</b>	<b>28</b>
<b>24 33065</b>	<b>25 Country</b>
<b>29</b>	<b>30 Country</b>

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

**KAYE & ROGER, PA  
6261 NW 6TH WAY  
SUITE 103  
FT LAUDERDALE FL 33309**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>HERTZER, PAULA</b>	
STREET ADDRESS	<b>10194 ROYAL PALM BLVD</b>	
CITY-ST-ZIP	<b>CORAL SPGS FL 33065</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>CALDARARO, RANDY</b>	
STREET ADDRESS	<b>10180 ROYAL PALM BLVD</b>	
CITY-ST-ZIP	<b>CORAL SPGS FL 33065</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, BARBARA J</b>	
STREET ADDRESS	<b>10114 ROYAL PALM BLVD</b>	
CITY-ST-ZIP	<b>CORAL SPGS FL 33065</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*DP Paula Hertzler Reason  
10184 Royal Palm Blvd  
Coral Sp, Fl 33065*

*Del. \$61.25*

14. 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 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]* **4-15-98** **054 755 046**

CR2E037 (10/97)