2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90165 028 ****70.00

DOCUMENT # N95000000565

1. Entity Name

COBBLESTONE WALK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10184~~ ~~ROYAL PALM BLVD~~ CORAL SPRINGS FL 33065 US	934 N UNIVERSITY DR ~~STE~~ 154 CORAL SPRINGS FL 33071-7029 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10120 Royal Palm Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State
Zip: 33065 Country: Broward	Zip / Country

4. FEI Number: 65-0601659 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAYE & ROGER, PA 6261 NW 6TH WAY SUITE 103 FT LAUDERDALE FL 33309	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.

SIGNATURE: Kaye & Roger, PA — 1-25-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PORTER, LAWHILL 10120 ROYAL PALM BLVD CORAL SPGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CALDARARO, RANDY 10180 ROYAL PALM BLVD CORAL SPGS FL 33065	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Josephine Olsen 10120 Royal Palm Blvd Coral Springs, FL 33065	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DAVIS, BARBARA J 10114 ROYAL PALM BLVD CORAL SPGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Barbara J Davis — 1-25-2000 — 954 755 5044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #