

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90030 043 ****61.25

DOCUMENT # N95000000565	
1. Entity Name COBBLESTONE WALK HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business PO BOX 8406 CORAL SPRINGS, FL 33075 US	Mailing Address PO BOX 8406 CORAL SPRINGS, FL 33075 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02112005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0601659	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAKALAR, BROUGH & CHADROW, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND RD., STE 540 PLANTATION, FL 33324-2669		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 _____

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAUDELMAN, MARTIN 10160 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Clatsoff Debra 10106 Royal Palm Blvd Coral Springs FL 33065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIETO/TORRIES, CINDY 10188 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART PASALODOS, PONCHO 10194 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOONAN, PAT 10152 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYESAU, ANA GRYOZ 10170 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bererlein Beverly 10194 Royal Palm Blvd Coral Springs FL 33065 ☒ 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: *dclatsoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/05 (954) 752-0592

Date Daytime Phone #