May-28-03 10:10am From-

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 90717 019 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: N95000000565 ✓

COBBLESTONE WALK HOA

DO NOT WRITE IN THIS SPACE

55047179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
934 N UNIVERSITY DRIVE	934 N UNIVERSITY DRIVE
Suite, Apt #, etc: SUITE 154	Suite, Apt. #, etc: SUITE 154
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33071 Country:	Zip: 33071 Country:

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name: ROBERT KAYE [redacted] & Associates P.A.

Street Address (P.O. Box Number is Not Acceptable): 6251 NW 6 WAY #103

City: FT LAUDERDALE, FL Zip Code: 33309

CR2E078 (12/01)

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: Robert Kaye President

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	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

TITLE	PRESIDENT – D	TITLE	
NAME	LOUBELL PORTER	NAME	
STREET ADDRESS	10120 ROYAL PALM BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	VICE PRESIDENT – D	TITLE	
NAME	JOSEPHINE OLSON	NAME	
STREET ADDRESS	10122 ROYAL PALM BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	TREASURER/SECRETARY DELETE	TITLE	
NAME	BARBARA DAVIS	NAME	
STREET ADDRESS	10114 ROYAL PALM BLVD.	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	DO NOT WRITE
TITLE	Parliamentarian-T	TITLE	IN THIS SPACE
NAME	Lorie Bobzien	NAME	
STREET ADDRESS	10106 Royal Palm Bl.	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33065	CITY-ST-ZIP	
TITLE	Secretary – T	TITLE	
NAME	Pat Donat	NAME	
STREET ADDRESS	10152 Royal Palm Bl.	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs FL 33065	CITY-ST-ZIP	
TITLE	Treasurer – D	TITLE	
NAME	Ana Ortoz Aycock	NAME	
STREET ADDRESS	10170 Royal Palm Bl.	STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, FL 33065	CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Loubell Porter - President 4/30/03 954-575-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Loubell Porter