


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000000537 (7)**

1. Corporation Name

COBBLESTONE FOREST OWNERS ASSOCIATION, INC.



Principal Place of Business 2955 HARTLEY ROAD SUITE 106-A JACKSONVILLE FL 32257	Mailing Address 2955 HARTLEY ROAD SUITE 106-A JACKSONVILLE FL 32257
---	---

2. Principal Place of Business 21 2215 EAST STATE ROAD 200 Suite, Apt. #, etc. 22 City & State 23 YULEE FL Zip 24 32097	2a. Mailing Address 26 P O BOX 1987 Suite, Apt. #, etc. 27 City & State 28 YULEE FL Zip 29 32041-1987	Country 25 US	Country 30 US
--	--	-------------------------	-------------------------

3. Date Incorporated or Qualified 01/27/1997	
4. FEI Number 59-3422330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MATOVINA, GREGORY E 2955 HARTLEY ROAD SUITE 106-A JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent 81 Name TERRELL J POWELL 82 Street Address (P.O. Box Number is Not Acceptable) 2215 EAST STATE ROAD 200 83 84 City YULEE FL 85 Zip Code 32097
--

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 *Terrell J. Powell* DATE **4.8.98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VTD MATOVINA, GREGORY E
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106-A
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> DELETE
NAME	PD MAROM, JOSEF
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106-A
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> DELETE
NAME	SD BORSTEIN, DONALD K
STREET ADDRESS	2955 HARTLEY ROAD, SUITE 106-A
CITY - ST - ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	2955 HARTLEY ROAD SUITE 108
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2955 HARTLEY ROAD SUITE 108
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2955 HARTLEY ROAD SUITE 108
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	

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: *Gregory E. Matovina* **GREGORY E. MATOVINA** **4/4/98** **904-292-0778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006874

CR2E037 (10/97)