FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700000537

1. Corporation Name

COBBLESTONE FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business
2215 EAST SR 200
Yulee fl 32097
US

Mailing Address

PO BOX 1987 YULEE FL 32041

FILED Apr 29, 1999 8:00 am § Secretary of State

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A		1.3.	1 4 - 11 in m. A dalan					- + 3	Date In	corporated	or Ouali	ifed				
Z. Principal Pl	Place of Business 2a. Mailing Address 26								3. Date Incorporated or Qualifed 01/27/1997							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4.	FEI Nu						Арр	ied For
22		27							59-34	22330					Not	Applicable
City & State	е	City & State				-		5. Certificate of Status Desired				\$8.75 Additional Fee Required				
Zip	Country					intry	6. Election Campaign Financing				\$5.00 May Be					
24	25 29				30	30			Trust Fund Contribution					Added to Fees		
9. Name and Address of Current Registered Agent								10.	Name	and Addre	ss of No	ew Re	gistere 1	Agent		
						81	Name									
POWELL, TERRELL J					82	Street A	Addross (F	O Boy	Number is	Not Acc	entabl	e)				
2215 EAST SR 200						Ollectivi	1001000 (1	.G. DOX	14011100110							
YULEE FL						83										
TOLLE ! L	. 32031						,							85	Zip C	- John Stranger
						84	City						FL	. 65	Zip Ci	.Ne
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florid	ta Such chang	e was a	utnonzeo	יעסנ	ine comoor	corporation ration's bo	n submit pard of c	s this state irectors. I h	ment for hereby a	the pu	urpose of the appoi	changi ntment	ng its r as reg	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent	nd title	if applicable	(NOTI:	: Registered	i Agen	t signature req						DATE			
12.	OFFICERS AND				13.				ADDITIC	NS/CHAN	GES TO	OFF1	CERS /\N	ID DIR	ECTOR	S IN 12
TITLE	VTD			LETE	1.1 Π	TLE								Ch	ange	Addition
NAME	MATOVINA, GREGORY E				1.2 N	AME										Ì
STREET ADDRESS	114 PT EV DD ATE 400					TREET	ADDRESS									}
CITY-ST-ZIP						ITY-SI	-ZIP									
TITLE	PD		☐ DE	LETE	2.1 ∏	TLE								Ch	ange	☐ Addition
NAME	MAROM, JOSEF				2.2 N	AME	ł									
STREET ADDRESS	2955 HARTLEY RD STE 108				2.3 S	TREET	ADORESS									
CITY-ST-ZIP	JACKSONVILLE FL 32257				2.40	CITY-S	T- ZIP									
TITLE	SD		□ DE	LETE	3.1 Ti	TLE								CH	ange	☐ Addition
NAME :	BORSTEIN, DONALD K				3.2 N	AME										
STREET ADDRESS					3.3 S	TREET	ADDRESS									
CITY-ST-ZIP	JACKSONVILLE FL 32257				3.4. 0	CITY-S	T-ZIP									
TITLE			☐ DE	LETE	4.1 TI	ME		_						□ CH	ange	☐ Addition
NAME					4. 2 N	AME										
STREET ADDRESS					4.3 S	TREET	ADDRESS									
CITY-ST-ZIP	Ì				4.4 C	ITY-S1	- ZIP									
TITLE			☐ DE	LETE	5.1 T	TLE								Cr	ange	☐ Addition
NAME					5.2 N	AME										
STREET ADDRESS					5.3 S	TREET	ADDRESS									
CITY-ST-ZIP					5.4 C	ITY-SI	r-zip									
TITLE				LETE	6.1 T	TLE								Cr	ange	☐ Addition
NAME					6.2 N	AME										
STREET ADDRESS					6.3 S	TREET	ADDRESS									
CITY-ST-7IP						ITY-ST										
14. I hereby	certify that the information supplied with	this f	iling does not o	ualify fo	r the exe	mpti	on stated	in Sectio	n 119.07	(3)(i), Flori	da Statu	tes. I f	urther ce	tify tha	t the in	formation

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 ham are 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, with all other like empowered.

SIGNATURE: