

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000537

1. Entity Name

COBBLESTONE FOREST OWNERS ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90014 013 ****61.25

Principal Place of Business

2215 EAST SR 200
YULEE FL 32097
US

Mailing Address

PO BOX 1987
YULEE FL 32041-1987
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3422330

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

POWELL, TERRELL J
2215 EAST SR 200
YULEE FL 32097

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

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 VTD ☒ Delete
NAME MATOVINA, GREGORY E
STREET ADDRESS 2955 HARTLEY RD STE 108
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition
NAME D Michelle Boyd
STREET ADDRESS 2683 Cobblestone Forest Cir. W
CITY-ST-ZIP Jacksonville, FL 32225

TITLE PD ☒ Delete
NAME MAROM, JOSEF
STREET ADDRESS 2955 HARTLEY RD STE 108
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition
NAME D Claudia Rhau
STREET ADDRESS 12019 Cobblestone Forest Cir. S
CITY-ST-ZIP Jacksonville, FL 32225

TITLE SD ☒ Delete
NAME BORSTEIN, DONALD K
STREET ADDRESS 2955 HARTLEY RD STE 108
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition
NAME D CINDY METLIKA
STREET ADDRESS 2684 COBBLESTONE FOREST CIR W
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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: Michelle A. Boyd Michelle A. Boyd - President 3/1/00 904)6428165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)