

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000537

1. Entity 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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 D ☐ Delete  
NAME BOYD, MICHELLE  
STREET ADDRESS 2683 COBBLESTONE FOREST CIR. W  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE D ☐ Delete  
NAME RHAN, CLAUDIA  
STREET ADDRESS 12019 COBBLESTONE FOREST CIR.S  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE PD ☒ Change ☐ Addition  
NAME RAHN, CLAUDIA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME METLIKA, CINDY  
STREET ADDRESS 2684 COBBLESTONE FOREST CIR. W  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME ENGLE, MARK  
STREET ADDRESS 2718 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  
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)(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: *Claudia Rahn* CLAUDIA RAHN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

3-15-01

Date

(904) 641-6765

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE