2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000537

Entity Name: COBBLESTONE FOREST OWNERS ASSOCIATION, INC.

Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2215 EAST SR 200 463499 STATE ROAD 200 YULEE, FL 32097 YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

PO BOX 1987 PO BOX 1987

YULEE, FL 32041 US YULEE, FL 320411987 US

FEI Number: 59-3422330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL, TERRELL J POWELL, TERRELL J 463499 STATE ROAD 200 2215 EAST SR 200 YULEE, FL 32097 YULEE, FL 32097

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: 04/27/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SHEFFIELD, JEFF Name: WALKER, ERIC Name:

2725 COBBLESTONE FOREST CIR W Address: 2670 COBBLESTONE FOREST DRIVE Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete Title: (X) Change () Addition

WALKER, ERIC Name: SMITH, STEVE Name: Address: 2670 COBBLESTONE FOREST CIR Address: 2653 COBBLESTONE FOREST DRIVE

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: VD. () Delete Title: V/D (X) Change () Addition

SMITH, STEVE Name: TITTLE, TOM Name:

2653 COBBLESTONE FOREST CIR 2652 COBBLESTONE FOREST DRIVE Address: Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

() Delete Title: VD Title: S/D (X) Change () Addition

TITTLE, TOM Name: Name: REYES, NESTOR

2652 COBBLESTONE FOREST CIR 12039 COBBLESTONE FOREST CIRCLE NORTH Address: Address:

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete Title: (X) Change () Addition

REYES, NESTOR SHEFFIELD, JEFF Name: Name:

12039 COBBLESTONE FOREST CIR N 2725 COBBLESTONE FOREST CIRCLE WEST Address: Address:

JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC WALKER P/D 04/27/2004