# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2006**
**Secretary of State**

DOCUMENT# N97000000537

**Entity Name:** COBBLESTONE FOREST OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 STATE ROAD 200
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1987
YULEE, FL 320411987 US

**New Mailing Address:**

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

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

POWELL, TERRELL J
463499 STATE ROAD 200
YULEE, FL 32097 US

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

PROPERTY MANAGEMENT SYSTEMS
463499 STATE ROAD 200
YULEE, FL 32097 US

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: TERRELL J POWELL 04/20/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete
Name: WALKER, ERIC
Address: 2670 COBBLESTONE FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/D ( ) Delete
Name: SMITH, STEVE
Address: 2653 COBBLESTONE FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: V/D ( ) Delete
Name: TITTLE, TOM
Address: 2652 COBBLESTONE FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/D (X) Delete
Name: REYES, NESTOR
Address: 12039 COBBLESTONE FOREST CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: T/D (X) Delete
Name: SHEFFIELD, JEFF
Address: 2725 COBBLESTONE FOREST CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change ( ) Addition
Name: TITTLE, TOM
Address: 2652 COBBLESTONE FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Change ( ) Addition
Name: SHEFFIELD, JEFF
Address: 2725 COBBLESTONE FOREST CIR. W
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRELL J POWELL RA 04/20/2006
Electronic Signature of Signing Officer or Director Date