

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90058 044 ****61.25

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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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE- NAME	SD SHEFFIELD, JEFF	<input type="checkbox"/> Delete
STREET ADDRESS	2725 COBBLESTONE FOREST CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	PD JORGENSEN, DEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12006 COBBLESTONE FOREST CIR S	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	VD CLARK, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2732 COBBLESTONE FOREST CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	TD ENGLE, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2718 COBBLESTONE FOREST CIR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	VD REYES, NESTOR	<input type="checkbox"/> Delete
STREET ADDRESS	12039 COBBLESTONE FOREST CIR N	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE- NAME	PD ERIC WALKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2676 COBBLESTONE FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	VPD STEVE SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2653 COBBLESTONE FOREST CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	TD JEFF SHEFFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2725 COBBLESTONE FOREST CIR W	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	VPD (COVIA President) Tom TITLO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2652 COBBLESTONE FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE- NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jeff Sheffield, Treasurer

3/3/03

904-630-1111

CR2E037 (10/02)