## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000537

Entity Name: COBBLESTONE FOREST OWNERS ASSOCIATION, INC.

FILED
Mar 21, 2024
Secretary of State
6254049478CC

## **Current Principal Place of Business:**

4213 COUNTY ROAD 218 SUITE 1 MIDDLEBURG. FL 32068

## **Current Mailing Address:**

4213 COUNTY ROAD 218, SUITE 1 MIDDLEBURG, FL 32068 US

FEI Number: 59-3422330 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT, INC 4213 COUNTY ROAD SUITE 1 MIDDLEBURG, FL 32068 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: VINA C. DELCOMYN 03/21/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name PERRIN, DAVE Name BLOCKSOM, DOUG

Address 4213 COUNTY ROAD 218, SUITE 1 Address 4213 COUNTY ROAD 218, SUITE 1

City-State-Zip: MIDDLEBURG FL 32068 City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR Title DIRECTOR

Name KNOTT, FONZI Name HORINBEIN, FRED

Address 4213 COUNTY ROAD 218 SUITE 1 Address 4213 COUNTY ROAD 218 SUITE 1

City-State-Zip: MIDDLEBURG FL 32068 City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name PRICE, SUSAN

Address 4213 COUNTY ROAD 218

SUITE 1

City-State-Zip: MIDDLEBURG FL 32068

I hereby 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 all other like empowered.

SIGNATURE: PERRIN , DAVE PRESIDENT 03/21/2024