


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90323 002 \*\*\*\*61.25

**DOCUMENT # N04000005739**

1. Entity Name  
**COBBLESTONE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**9350 SUNSET DRIVE  
 SUITE 100  
 MIAMI, FL 33173**

Mailing Address  
**9350 SUNSET DRIVE  
 SUITE 100  
 MIAMI, FL 33173**

**50010199**



2. Principal Place of Business  
**MIAMI MANAGEMENT, INC.**  
 Suite, Apt. #, etc.  
**1145 SAWGRASS CORP. PKWY**

3. Mailing Address  
**MIAMI MANAGEMENT, INC.**  
 Suite, Apt. #, etc.  
**1145 SAWGRASS CORP PKWY**

01242006 Chg-NP CR2E037 (11/05)

City & State  
**SUNRISE FL**

City & State  
**SUNRISE FL**

Zip  
**33323**

Country  
**BROWARD**

4. FEI Number  
**APPLIED FOR 51-0557090**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VAINDER, STEVEN J  
 200 SOUTH BISCAYNE BLVD.  
 SUITE 4900  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 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

**Filing Fee is \$61.25 Due by May 1, 2006**

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 STREET ADDRESS CITY-ST-ZIP	PD IBARRIA, DIANA 9350 SUNSET DRIVE, SUITE 100 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BARNES, RUSSELL <input checked="" type="checkbox"/> Delete 1860 OLD OKEECHOBEE ROAD, SUITE 503 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Claudia Feldman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9350 Sunset Drive, Suite 100 Miami, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEBOCK, MICHAEL <input type="checkbox"/> Delete 1860 OLD OKEECHOBEE ROAD, SUITE 503 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Michael Debock <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3233 Commerce Place, Suite C West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBBER, DAVID <input type="checkbox"/> Delete 1860 OLD OKEECHOBEE ROAD, SUITE 503 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD David Webber <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3233 Commerce Place, Suite C West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD K.C. Messer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9350 Sunset Drive, Suite 100 Miami, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cliff Swell as v.p.* **3-30-06** **954-846-7545**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #