


FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90004 042 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005739					
1. Entity Name COBBLESTONE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 14701 SW 10TH ST. PEMBROKE PINES, FL 33027			Mailing Address 14701 SW 10TH ST. PEMBROKE PINES, FL 33027		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0557040	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH ST., STE. 202 FT. LAUDERDALE, FL 33309			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IBARRIA, DIANA		NAME		
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100		STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FELDMAN, CLAUDIA		NAME		
STREET ADDRESS	9350 SUNSET DR SUITE 100		STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBOCK, MICHAEL		NAME		
STREET ADDRESS	3233 COMMERCE PLAZE SUITE C		STREET ADDRESS	1990 VISTA PARKWAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEBBER, DAVID		NAME	DIRECTOR JANETTE TAYLOR	
STREET ADDRESS	3233 COMMERCE PLACE SUITE C		STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MESSER, K.C.		NAME		
STREET ADDRESS	9350 SUNSET DR SUITE 100		STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____				Date: 1/10/08 Daytime Phone #: 521-242-6194	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40011859



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 51-0557040 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DIRECTOR JANETTE TAYLOR	
STREET ADDRESS	9900 SW 107 AVE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: _____ Date: 1/10/08 Daytime Phone #: 521-242-6194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR