

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005739

FILED
Jan 07, 2009
Secretary of State

Entity Name: COBBLESTONE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

14701 SW 10TH ST.
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

14701 SW 10TH ST.
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 51-0557040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOS A. TRIAY PROFESSIONAL ASSOCIATION
2301 N.W. 87 AVE #501
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IBARRIA, DIANA
Address: 9900 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: VTD () Delete
Name: FELDMAN, CLAUDIA
Address: 9900 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: DEBOCK, MICHAEL
Address: 1990 VISTA PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: TAYLOR, JANETTE
Address: 9900 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: MESSER, K.C.
Address: 9900 SW 107 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IBARRIA, DIANA
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VTD (X) Change () Addition
Name: FELDMAN, CLAUDIA
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: STD (X) Change () Addition
Name: DEBOCK, MICHAEL
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change () Addition
Name: TAYLOR, JANETTE
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VD (X) Change () Addition
Name: MESSER, K.C.
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify 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: DIANA IBARRIA

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date