


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

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90218 014 \*\*\*\*61.25

**DOCUMENT # N05000010760**

1. Entity Name  
**COBBLESTONE AT PEMBROKE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**9350 SUNSET SRIVE STE 100 MIAMI, FL 33173**

Mailing Address  
**9350 SUNSET SRIVE STE 100 MIAMI, FL 33173**

2. Principal Place of Business  
**MIAMI MANAGEMENT, INC.**  
 Suite, Apt. #, etc.  
**1145 SAWGRASS CORP. PKWY.**  
 City & State  
**SUNRISE FL.**  
 Zip  
**33323** - Country  
**BROWARD**

3. Mailing Address  
**MIAMI MANAGEMENT, INC.**  
 Suite, Apt. #, etc.  
**1145 SAWGRASS CORP. PKWY.**  
 City & State  
**SUNRISE FL.**  
 Zip  
**33323** - Country  
**BROWARD**



02152006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**31-0565814**

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 ESQ**  
**200 SOUTH BISCAYNE BLVD STE 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	DP BARRIA, DIANA 9350 SUNSET SRIVE STE 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	DV MESSER, K.C. 9350 SUNSET SRIVE STE 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	DVT FELDMAN, CLAUDIA 9350 SUNSET SRIVE STE 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	DVS WEBBER, DAVID 1860 OLD OKEECHOBEE ROAD STE 503 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD David Webber 3233 Commerce Place, Suite C West Palm Beach, FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEBOCK, MICHAEL 1860 OLD OKEECHOBEE ROAD STE 503 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Michael Debock 3233 Commerce Place, Suite C West Palm Beach, FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Steven J Vainder* **us v.p.** 4/21/06 954-846-7545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #