2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010760

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90321 013 ****61.25

COBBLESTONE AT PEMBROKE HOMEOWNERS' ASSOCIATION, INC.										
14701 SW 10TH ST. 147			ling Address 701 SW 10TH ST. MBROKE PINES, FL 33027			1 / 1 / 1 / 1 / 1 / 1 / 1	ININI BIHII DOKA DOKIE ADA			HIST OF 1201
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01092008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State				4. FEI Number 51-0565			_ 	plied For t Applicable
Zip	Country	Zip		Country	_	5. Certificate o	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered A	gent	
KATZMAN & KORR, P.A. 1501 NW 49TH ST., STE. 202 FT. LAUDERDALE, FL. 33309			Name Street Addres			s (P.O. Box Number is Not Acceptable)				
	-	5	**************************************	City					Zip Code	
		,		City				FL	Zip Code	•
8. The above named entity submits this statement for the gurpose 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.	Signatura, typed or printed name of registered agent a	nd little if app	olicable. (NOTE: I	Registered Agent sig	nature required	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008		9. Élection Camp Trust Fund Co	•	, _□	\$5.00 May Be Added to Fees	Flor	ida Deparl	payable to	âte S
10.	OFFICERS AND DIR	ECTORS		11.	-,	ADDITIONS/CHA	NGES TO OFFICE			
TITLE	DP		☐ Defete	LILLE .	ļ				☐ Change	☐ Addition
NAME Street address	IBARRIA, DIANA 9350 SUNSET SRIVE STE 100			NAME STREET ADDRES	000	0 300 10	TAVE.			
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP		ami FL				ļ
TITLE	DV		☐ Delete	TITLE	- 1://	TIVIL FL	90770		☐ Change	Addition
NAME	MESSER, K.C.			NAME						
STREET ADDRESS	9350 SUNSET SRIVE STE 100			STREET ADDRES		0 36 107				
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MIA	m, I=L	33176			
TITLE NAME	DVT FELDMAN, CLAUDIA		☐ Delete	TITLE NAME	2-				☐ Change	☐ Addition
STREET ADDRESS	9350 SUNSET SRIVE STE 100			STREET ADDRES	s 1990	0 SW 107	AYE			
CITY-ST-ZIP	MIAMI, FL 33173			CITY-ST-ZIP	MI	AMI FL	33176			
TITLE	VSD		Delete	TITLE	DIR	ECTOR	- 4		Change	Addition
NAME	WEBBER, DAVID	E C	V	NAME STREET ADDRES	JAI	NETTE TA	vel.			
STREET ADDRESS CITY-ST-ZIP	3233 COMMERCE PLACE, SUIT WEST PALM BEACH, FL 33407	E C		CITY-ST-ZIP	990	OOW 10	321116			
TITLE	STD		☐ Delete	TITLE	1777	13711 1 2	90.7°		☐ Change	☐ Addition
NAME	DEBOCK, MICHAEL			NAME			MANUA.	,		
STREET ADDRESS	3233 COMMERCE PLACE, SUIT	EC		STREET ADORES CITY-ST-ZIP	s 199	O YISTA	PARKWAY EACL, FL	7 2244		ļ
CITY-ST-ZIP	WEST PALM BEACH, FL 33407				wes.	T PALM 13	each, pe	33711	☐ Change	Addition
TITLE NAMÉ			☐ Delete	TITLE NAME					- Analige	
STREET ADDRESS				STREET ADDRES	s					
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.										