


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2008 MAR -6 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007245			
1. Entity Name COBBLESTONE AT EAGLE HARBOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1717 COUNTY ROAD 220 SUITE 203 ORANGE PARK, FL 32003		Mailing Address 1717 COUNTY ROAD 220 SUITE 203 ORANGE PARK, FL 32003	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01222008		Chg-NP CR2E037 (12/06)	
4. FEI Number 20-5181445		Applied For <input type="checkbox"/> Not Applicable	
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	
KRAVETZ REALTY GROUP 35 1/2 SOUTH U. S. HWY ONE SUITE 102-B JUPITER, FL 33477		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: <i>Marcy H. Kammerman</i>		DATE: <i>[Signature]</i>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: KAMMERMAN, MARCY H STREET ADDRESS: 5900 N. ANDREWS AVE., STE 500 CITY-ST-ZIP: FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE: President/Director NAME: Marcy H. Kammerman STREET ADDRESS: 21 West Las Olas Blvd. CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: FAGERLI, BUD STREET ADDRESS: 7001 LAKE ELLENOR DRIVE #200 CITY-ST-ZIP: ORLANDO, FL 32809	<input type="checkbox"/> Delete	TITLE: VP/Director NAME: Bud Fagerli STREET ADDRESS: 21 West Las Olas Blvd. CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: COBBS, JAMES C STREET ADDRESS: 7001 LAKE ELLENOR DRIVE #200 CITY-ST-ZIP: ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete	TITLE: Secretary/Treasurer NAME: James R. Helman STREET ADDRESS: 21 West Las Olas Blvd. CITY-ST-ZIP: Fort Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DETARDO, MARK STREET ADDRESS: 1634 WATERS EDGE DRIVE CITY-ST-ZIP: ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 03/14/08 - 01029 - 001 *\$61.25 000120386000	<input 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
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: <i>Marcy H. Kammerman</i>		Date: 4/23/08 Daytime Phone #: 9542453295	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>Marcy H. Kammerman, President</i>			