


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 047 ****61.25

DOCUMENT # N06000009713

1. Entity Name
COBBLESTONE LANDING TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**600 N WESTSHORE BLVD SUITE 400
 TAMPA, FL 33609**

Mailing Address
**206 EASTON DR.
 SUITE 107
 LAKELAND, FL 33803**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 781291
 Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32878

Country
US



04102008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

**CONDOMINIUM ASSOCIATES
 206 EASTON DR. SUITE 107
 LAKELAND, FL 33803**

ENTERED

7. Name and Address of New Registered Agent

Name
Community Resource Mgmt

Street Address (P.O. Box Number is Not Acceptable)
19 E. Central Blvd.

City
Orlando

State
FL

Zip Code
32801

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 _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICHHOLT, DUSTY 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CACHON, MICHAEL 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS-OWEN, GWEN 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mahdi Mansour PO Box 781291, Orlando, FL 32878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dana Brown PO Box 781291, Orlando, FL 32878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tracy Parker PO Box 781291, Orlando, FL 32878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: [Signature] **4/14/08** **813-888-1033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #