2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009713

FILED May 04, 2009 Secretary of State

Entity Name: COBBLESTONE LANDING TOWNHOMES CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 600 N WESTSHORE BLVD SUITE 400 19 E. CENTRAL BLVD TAMPA, FL 33609 SECOND FLOOR ORLANDO, FL 32801 **Current Mailing Address:** New Mailing Address: 19 E. CENTRAL BLVD PO BOX 781291 SECOND FLOOR ORLANDO, FL 32878 US ORLANDO, FL 32801 FEI Number: 13-4344074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COMMUNITY RESOURCE MGMT 19 E CENTRAL BLVD. ORLANDO, FL 32801 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MANSAUR, MAHDI LOCASCIO, MARYJO Name: Name: Address: PO BOX 781291 Address: PO BOX 781291 City-St-Zip: ORLANDO, FL 32878 City-St-Zip: ORLANDO, FL 32878 Title: () Delete Title: () Change () Addition Name: BROWN, DANA Name: Address: PO BOX 781291 Address: City-St-Zip: ORLANDO, FL 32878 City-St-Zip: Title: () Delete Title: () Change () Addition PARKER, TRACY Name: Name: Address: PO BOX 781291 Address: City-St-Zip: ORLANDO, FL 32878 City-St-Zip:

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: MARYJO LOCASCIO P 05/04/2009