

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009713

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** COBBLESTONE LANDING TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19 E. CENTRAL BLVD  
SECOND FLOOR  
ORLANDO, FL 32801

**New Principal Place of Business:**

8141 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

19 E. CENTRAL BLVD  
SECOND FLOOR  
ORLANDO, FL 32801

**New Mailing Address:**

18636 MENTMORE BLVD.  
LAND O'LAKES, FL 34638

FEI Number: 13-4344074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COMMUNITY RESOURCE MGMT  
19 E CENTRAL BLVD.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: BARBARA BURKE

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FULGHUM, JOE  
Address: 15550 LIGHTWAVE DR., SUITE 210  
City-St-Zip: CLEARWATER, FL 33760

Title: VPST  
Name: HOTOP, CRAIG  
Address: 15550 LIGHTWAVE DR., SUITE 210  
City-St-Zip: CLEARWATER, FL 33760

Title: D  
Name: LEWIS, KATINA  
Address: 18636 MENTMORE BLVD.  
City-St-Zip: LAND O'LAKES, FL 34638

I hereby 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 all other like empowered.

SIGNATURE: JOE FULGHUM

P

04/30/2010

Electronic Signature of Signing Officer or Director

Date