

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28837 (5)

1. Corporation Name
COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O THE CORNERSTONE GROUP, A FLGP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990

C/O THE CORNERSTONE GROUP, A FLGP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/12/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0236652** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**THE CORNERSTONE GROUP, A FLORIDA GP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Registered Agent (print name of registered agent and title, name, and address) _____ Registered Agent (print name of registered agent and title, name, and address) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO, JOSEPH D., JR	12 NAME	
STREET ADDRESS	15 BEAUX ARTS LANE	13 STREET ADDRESS	
CITY, ST, ZIP	HUNTINGTON BAY NY	14 CITY, ST, ZIP	
TITLE	T	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, ROBIN L.	22 NAME	
STREET ADDRESS	3017 SW LONGLEAF COURT	23 STREET ADDRESS	
CITY, ST, ZIP	PORT ST. LUCIE FL	24 CITY, ST, ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO, MARIO A	32 NAME	
STREET ADDRESS	10568 WHOOPING CRANE WAY	33 STREET ADDRESS	
CITY, ST, ZIP	PALM CITY FL	34 CITY, ST, ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, ROBIN L.	42 NAME	
STREET ADDRESS	3017 LONGLEAF CT	43 STREET ADDRESS	
CITY, ST, ZIP	PT ST. LUCIE FL	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Robin L. Meehan* 4/28/95 407-597-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Robin L. Meehan*