## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

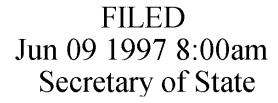
N28837

(5)

COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

C/O THE CORNERSTONE GROUP, A FL.GP 10568 WHOOPING CRANE WAY Mailing Address

C/O THE CORNERSTONE GROUP, A FL.GP 10568 WHOOPING CRANE WAY PALM CITY FL 34990-7905





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PALM CITY FL	34990	PALM CITY FL 34990	PALM CITY FL 34990-7805						<del>,,,-</del> . , ,,	
						3. Date Incorporated or Qualified 10/12/1988	3a. Date	of Last I <b>)6/14/1</b>		
	ace of Business	<u> </u>	2a. Mailing Address 26			4. FEI Number 65-0236652		<del></del>	oplied For	
21	# -1-2					[ Not Applied			lot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	<del></del>			Trust Fund Contribution	<u> </u>	Added	to Fees	
Zip	Country	Zip	¬ ' <del> -</del> ¬ '			8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30  9. Name and Address of Current Registered Agent					Florida Statutes LJ Yes LNO  10. Name and Address of New Registered Agent					
	5. Haine and Address of Con	ant uedieraten wählir		81	Name	10. Name and Abdiess of New Neg	istolad Vå	BIR		
== ^^	21 EDOTO: 0 000: 0 4 FLO	ND4 AD			Hamb					
THE CORNERSTONE GROUP, A FLORIDA GP					Street Add	dress (P.O. Box Number is Not Acceptab	e)			
	THOOPING CRANE WAY				63					
PALM C	ITY FL 34990			53						
				84	City		<b>P</b>	<b>85</b> Zip	Code	
<del></del>		500 E. 1045 (500 E. 144 O					FL_[		<del> </del>	
office or re	o the provisions of Sections 617.0 egistered agent, or both, in the Sta	i502 and 617.1508, Florida S ate of Florida. Such change v	tatutes, the at vas authorized	oove d by	e-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of ci t the appoir	nanging ntment a	its registered s registered	
agent. I ar	n familiar with, and accept the ob-	ligations of, Section 617.0500	3, Florida Stat	utes	i.	······································				
SIGNATURE _										
12.	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Hogistered	d Apei	ni signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	VECTO	DC 181 49	
TITLE	VD OFFICERS A		DELETE 1,1 T			ADDITIONS/CHANGES TO OFFIC		Change		
NAME	POSILLICO, JOSEPH D., J	_						_ onlonge	LT YOURD	
	an material and a same			1.2 NAME 1.3 STREET ADDRESS						
STREET ADDRESS	AN INTERNATIONAL CASE AND									
TITLE	T TONINGTON BAT INT	DELETE	1.4 Cf		1 - ZIP			Change	Addition	
NAME	MEEHAN, ROBIN L.	· — —		2.1 TITLE 2.2 NAME			_	Critarige	LLI Addition	
	3017 SW LONGLEAF COU	IDT	•		4000000					
STREET ADDRESS	PORT ST. LUCIE FL	'BI		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	PD PD	DELETE			11 - ZIP			Change	Addition	
NAME	POSILLICO, MARIO A				•			1 Ollungo		
· -	10568 WHOOPING CRANE	: wav	3.2 NA		4DDDCCC					
STREET ADDRESS	PALM CITY FL	· WAI			ADDRESS					
CITY-ST-ZIP TITLE	S	DELETE	3.4. Cl 4.1 Ti		1-214			Change	Addition	
NAME	MEEHAN, ROBIN L.	- Julian	4.2 N		ŀ		-	_ change	(	
STREET ADDRESS	3017 LONGLEAF CT				ADDRESS					
CITY-ST-ZIP	PT ST. LUCIE FL									
TITLE	T TOTAL COOKE TE	☐ DELETE	4.4 C/ 5.1 T/1		1-712		<del></del>	Change	Addition	
NAME			5.2 NA		ļ	•	•			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			•		1					
TITLE				I CITY-ST-ZIP				Change	Addition	
NAME		Land School	6.2 NA				-			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.3 ST							
14. I do hereb	v certify that the information suon	lied with this filing does not a	ualify for the	exer	motion state	ed in Section 119.07(3)(i), Florida Statutes	. I further o	ertify tha	t the	
information	n indicated on this annual report of	r supplemental annual repor	t is true and a	COL	rate and tha	at my signature shall have the same legal	effect as if	made ur	nder oath: tha	
appears in	ncer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or trustee em , or on an attachment with an	ipowered to e i address.	xect	ute this repo	ort as required by Chapter 617, Florida Si		that my	name	