


FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28837					
1. Corporation Name COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O THE CORNERSTONE GROUP, A FLGP 10568 WHOOPING CRANE WAY PALM CITY FL 34990			Mailing Address C/O THE CORNERSTONE GROUP, A FLGP 10568 WHOOPING CRANE WAY PALM CITY FL 34990		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0236652	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
THE CORNERSTONE GROUP, A FLORIDA GP 10568 WHOOPING CRANE WAY PALM CITY FL 34990			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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
VD POSILICO, JOSEPH D., JR			2.1 TITLE		
15 BEAUX ARTS LANE			2.2 NAME		
HUNTINGTON BAY NY			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
T MEEHAN, ROBIN L.			3.1 TITLE		
3017 SW LONGLEAF COURT			3.2 NAME		
PORT ST. LUCIE FL			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
PD POSILICO, MARIO A			4.1 TITLE		
10568 WHOOPING CRANE WAY			4.2 NAME		
PALM CITY FL			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
S MEEHAN, ROBIN L.			5.1 TITLE		
3017 LONGLEAF CT			5.2 NAME		
PT ST. LUCIE FL			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
			6.1 TITLE		
			6.2 NAME		
			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		



CR2E037 (1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE: ROBIN L MEEHAN 4/30/99 561 3925820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #