

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90110 048 ****61.25

DOCUMENT # N28837

1. Entity Name

COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION.

Principal Place of Business C/O THE CORNERSTONE GROUP, A FL GP 10568 WHOOPING CRANE WAY PALM CITY FL 34990	Mailing Address C/O THE CORNERSTONE GROUP, A FL GP 10568 WHOOPING CRANE WAY PALM CITY FL 34990-7805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
VD	POSILICO, JOSEPH D., JR		
	15 BEAUX ARTS LANE		
	HUNTINGTON BAY NY		
T	MEEHAN, ROBIN L.		
	2924 SE MORNING SIDE BLVD		
	PORT ST. LUCIE FL 34952		
PD	POSILICO, MARIO A		
	10568 WHOOPING CRANE WAY		
	PALM CITY FL		
S	MEEHAN, ROBIN L.		
	2924 SE MORNING SIDE BLVD		
	PORT ST. LUCIE FL 34952		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robin L Meehan* **ROBIN L Meehan** 4/28/00 561 597450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #