

05-19-2001 90284 006 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28837
 1. Entity Name **COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.** (1A)

Principal Place of Business Mailing Address
~~COBBLESTONE COUNTRY CLUB~~
COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION INC.
 10568 Whooping Crane Way
 Palm City FL 34990

40003

2. Principal Place of Business Mailing Address
COBBLESTONE COUNTRY CLUB
 Suite, Apt., #, etc. Suits, Apt. #, etc.
Homeowners Association, Inc.

City & State Zip Country
Palm City FL 34990 USA

4. FEI Number **65-0236652** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
The Cornerstone Group, A Florida GP
 10568 Whooping Crane Way
 Palm City, FL 34990

7. Name and Address of New Registered Agent
 Name **PAUL PICCOLO**
 Street Address (P.O. Box Number is Not Acceptable)
3660 SUNSET TRACE CIRCLE
 City **Palm City FL** Zip Code **34990**

8. The above named entity admits the statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Paul Piccolo* **Manager** **4/28/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when withdrawing) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POSILLO, JOSEPH D. JR <input checked="" type="checkbox"/> Delete 15 BEAUX ARTS LANE HUNTINGTON, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEEHAN, ROBIN <input checked="" type="checkbox"/> Delete 2924 SE MORNINGSIDE BLVD PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSILLO, MARIO A. <input checked="" type="checkbox"/> Delete 10568 Whooping Crane Way Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEEHAN, ROBIN <input checked="" type="checkbox"/> Delete 2924 SE MORNINGSIDE BLVD PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P William Stark <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10278 ROOFER WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARRY LAURETTI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10567 Whooping Crane Way PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S GEORGE PACHECO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 547 SQUIRE JONAS LANE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: *Paul Piccolo* **4/28/01** **561-597-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (11/00)