

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90023 028 \*\*\*\*61.25

009777

**DOCUMENT # N28837**

1. Entity Name

**COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10568 WHOOPING CRANE LANE  
 PALM CITY FL 34990

10568 WHOOPING CRANE LANE  
 PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

1829-B SE AIRPORT ROAD

1829-B SE AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FLORIDA

City & State

STUART, FLORIDA

4. FEI Number

65-0236652

Applied For

Not Applicable

Zip

34996-4012

Country

USA

Zip

34996-4012

Country

USA

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

PICCOLO, PAUL  
 3660 SUNSET TRACE CIRCLE  
 PALM CITY FL 34990

Name **TREASURE COAST PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)  
**1829-B S.E. AIRPORT ROAD**

City **STUART** FL Zip Code **34996-4012**

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 *William K. O'Hay* **William K. O'Hay** AGENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/02**

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STARK, WILLIAM	
STREET ADDRESS	10278 ROOKER WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	LAORETTI, LARRY	
STREET ADDRESS	10567 WHOOPING CRANE WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TST	<input checked="" type="checkbox"/> Delete
NAME	PACHECO, GEORGE	
STREET ADDRESS	547 SQUIRE JOHNS LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Black	
STREET ADDRESS	440 SQUIRE JOHNS LANE	
CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN FLEMING	
STREET ADDRESS	428 SQUIRE JOHNS LN.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	TST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN FLEMING	
STREET ADDRESS	1911 SW WOOD DUCK LN.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William Black* (PRESIDENT) 3/8/02 (561) 597 5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)