




**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90036 012 \*\*\*\*61.25

<b>DOCUMENT # N28837</b>					
1. Entity Name COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2417 SE DIXIE HIGHWAY STUART, FL 34996			Mailing Address 2417 SE DIXIE HIGHWAY STUART, FL 34996		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0236652	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TREASURE COAST PROPERTY MANAGEMENT 2417 SE DIXIE HIGHWAY STUART, FL 34996				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGARMAN, SUSAN			NAME	
STREET ADDRESS	1196 SQUIRE JOHNS LANE			STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALES, ANTONIO			NAME	
STREET ADDRESS	10520 SW WHOOPING CRANE			STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP	
TITLE	S/TR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHFELD, DAVID			NAME	
STREET ADDRESS	5524 ETON CT.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JONATHAN			NAME	
STREET ADDRESS	533 WEST PARK AVENUE			STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH, NY 11561			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, WILLIAM			NAME	
STREET ADDRESS	10278 SW ROOKERY WAY			STREET ADDRESS	
CITY-ST-ZIP	PALM CITY, FL 34990			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



03162005 Chg-NP CR2E037 (10/03)