


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90135 013 \*\*\*\*61.25

<b>DOCUMENT # N28837</b> 1. Entity Name <b>COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>547 SQUIRE JOHNS LN PALM CITY, FL 34990</b>			Mailing Address <b>547 SQUIRE JOHNS LN PALM CITY, FL 34990</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0236652</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RYDZEWSKI, ROBERT G ESQ. CORNETT, GOOTE &amp; ASSOCIATES, P.A. 401 EAST OSCEOLA STREET STUART, FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>IMPALLITERE, GERARD 631 SW SQUIRE JOHNS LN PALM CITY, FL 34990</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete <b>TAKACS, LISA 631 SW SQUIRE JOHNS LN PALM CITY, FL 34990</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>BLACK, WILLIAM 440 SW SQUIRE JOHNS LN PALM CITY, FL 34990</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Piculli, Mike 10523 LAUDS WAY AL PALM CITY, FL 34990</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4-22-08 772-341-0037 <small>Date Daytime Phone #</small>					