## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28837

FILED Apr 10, 2009 Secretary of State

Entity Name: COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 547 SQUIRE JOHNS LN 10300 S/W ROOKERY WAY PALM CITY, FL 34990 PALM CITY, FL 34990 **Current Mailing Address: New Mailing Address:** 547 SQUIRE JOHNS LN 10523 S/W LANDS END PLACE PALM CITY, FL 34990 PALM CITY, FL 34990 FEI Number: 65-0236652 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RYDZEWSKI, ROBERT G ESQ CORNETT, GOOTE & ASSOCIATES, P.A. 401 EAST ÓSCEOLA STREET STUART, FL 34994 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete IMPALLITIERE, GERARD IMPALLITIERE, GERALD Name: Name: 631 SW SQUIRE JOHNS LN Address: 631 SW SQUIRE JOHNS LN Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: Title: (X) Change ( ) Addition ( ) Delete PURELL, MIKE Name: POWELL, JOHN Name: Address: 10523 LANDS BLVD PL Address: 1039 S/W SQUIRE JOHNS LANE City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: (X) Change ( ) Addition BLACK, WILLIAM STARK, WILLIAM Name: Name: 440 SW SQUIRE JOHNS LN 10255 S/W ROOKERY AY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: ( ) Change (X) Addition Name: Name: O'CONNELL, EOGHAN 10628 S/W WOOPING CRANE LANE Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990 Title: () Delete Title: ( ) Change (X) Addition ROSCOE, MICHAEL Name: Name: 10628 S/W WOOPING CRANE LANE Address: Address: City-St-Zip: City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD IMPELLITERE PRES 04/10/2009