

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90076 046 ****61.25

DOCUMENT # N28837



1. Entity Name
COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1829-B SE AIRPORT RD STUART FL 34996-4012

2. Principal Place of Business 3. Mailing Address
2417 SE Dixie Highway 2417 SE Dixie Highway

City & State City & State
STUART, FL. STUART, FL

Zip Country Zip Country
34996 USA 34996 USA

4. FEI Number **65-0236652** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**TREASURE COAST PROPERTY MANAGEMENT
1829-B SE AIRPORT RD STUART FL 34996-4012**
(SEE ABOVE) 2417 SE Dixie Hwy, STUART, FL. 34996

7. Name and Address of New Registered Agent
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 *William K. O'Hay* *William K. O'Hay*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM, BLACK 440 SQUIRES JOHNS LANE PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KAREN, FLEMING 428 SQUIRES JOHN LANE PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST KATHLEEN, FLEMING 1911 SW WOOD DUCK LANE PALM CITY FL 34990 <input checked="" 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
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	PD JOHN GREFE 80 TOWO POINT ROAD SOUTHAMPTON, NY. 11968 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID KUNSKY 26 MEADOW COVE ROAD PITTSFORD, NY 14534 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TR DAVID HIRSCHFELD 5524 ETON CT. BOCA RATON, FL. 33486 <input type="checkbox"/> Change <input checked="" 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
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 like empowered.

SIGNATURE: *DAVID HIRSCHFELD* 3/28/03 772-219-9276

CR2E037 (10/02)