

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500002810

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**8577113043CC**

**Entity Name:** COBBLESTONE ON PALMER RANCH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202

**Current Mailing Address:**

9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 US

**FEI Number: 47-3522099**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVANCED MANAGEMENT OF SW FL, INC.  
9031 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 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

**Officer/Director Detail :**

Title           PRESIDENT  
Name           LAMPERT, JOHANNA  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title           FIRST VICE PRESIDENT  
Name           KAPTUR, CELESTE  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title           SECOND VICE PRESIDENT  
Name           WEINSTEIN, ALLAN  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title           TREASURER  
Name           LALIBERTY, CLARENCE  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title           SECRETARY  
Name           SCOTT, MICHAEL  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

Title           ASSISTANT SECRETARY  
Name           WILSON, MATHEW D  
Address        9031 TOWN CENTER PARKWAY  
City-State-Zip: BRADENTON FL 34202

*I hereby 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 all other like empowered.*

**SIGNATURE: MATHEW D WILSON**

**AS**

**03/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date