

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500002810

**FILED**  
**Feb 18, 2016**  
**Secretary of State**  
**CC8356258280**

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

**Current Principal Place of Business:**

551 NORTH CATTLEMEN RD.  
SUITE 200  
SARASOTA, FL 34232

**Current Mailing Address:**

551 NORTH CATTLEMEN RD.  
SUITE 200  
SARASOTA, FL 34232 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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, DIRECTOR  
Name            BURDETT, ANTHONY ("TONY") J.  
Address        551 NORTH CATTLEMEN RD.  
                 SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP  
Name            LONGENECKER, CAMMIE LARHAE  
Address        551 NORTH CATTLEMEN RD.  
                 SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP, TREASURER, DIRECTOR  
Name            TRUXTON, DAVE  
Address        551 NORTH CATTLEMEN RD.  
                 SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VP, SECRETARY, DIRECTOR  
Name            FULMER, RYAN  
Address        551 NORTH CATTLEMEN RD.  
                 SUITE 200  
City-State-Zip: SARASOTA FL 34232

Title            VPSD  
Name            MANSFIELD, MICHAEL E  
Address        551 N. CATTLEMENT ROAD, SUITE  
                 200  
City-State-Zip: SARASOTA FL 34232

*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: ANTHONY ("TONY") J. BURDETT**

**PRESIDENT**

**02/18/2016**

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

\_\_\_\_\_  
Date