## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002810

Entity Name: COBBLESTONE ON PALMER RANCH HOMEOWNERS

ASSOCIATION, INC.

## **Current Principal Place of Business:**

5602 MARQUESAS CIRCLE #101 SARASOTA, FL 34233

## **Current Mailing Address:**

5602 MARQUESAS CIRCLE #101 SARASOTA, FL 34233 US

FEI Number: 47-3522099 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CAPSTONE ASSOCIATION MANAGEMENT 5602 MARQUESAS CIRCLE #101 SARASOTA, FL 34233 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: CHARLYN CLEMENTS 05/02/2023

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP, 1ST Title **PRESIDENT** 

Name LAMPERT, JOHANNA Name LALIBERTY, CLARENCE

Address 5602 MARQUESAS CIRCLE #101 Address 5602 MARQUESAS CIRCLE #101

City-State-Zip: SARASOTA FL 34233 City-State-Zip: SARASOTA FL 34233

Title **SECRETARY** Title **DIRECTOR** 

LUCAS, MARY JO Name SCOTT, MICHAEL Name

Address 5602 MARQUESAS CIRCLE #101 Address 5602 MARQUESAS CIRCLE #101

City-State-Zip: SARASOTA FL 34233 City-State-Zip: SARASOTA FL 34233

Title **TREASURER** Title VP, 2ND Name FAGEN, RICH Name BELOTE, PAT

Address 5602 MARQUESAS CIRCLE #101 5602 MARQUESAS CIRCLE #101 Address

City-State-Zip: SARASOTA FL 34233 City-State-Zip: SARASOTA FL 34233

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: LALIBERTY CLARENCE

**PRESIDENT** 

05/02/2023

**FILED** May 02, 2023

**Secretary of State** 

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