

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

DOCUMENT# N28837

**Entity Name:** COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC6103278877**

**Current Principal Place of Business:**

10300 SW ROOKERY WAY  
PALM CITY, FL 34990

**Current Mailing Address:**

10300 SW ROOKERY WAY  
PALM CITY, FL 34990

**FEI Number: 65-0236652**

**Certificate of Status Desired: No**

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

CORNETT, JANE GESQ.  
BECKER & POLIAKOFF  
401 EAST OSCEOLA 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: JANE CORNETT**

**04/20/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WEISS, KENNETH  
Address 1016 SW SQUIRE JOHNS LANE  
City-State-Zip: PALM CITY FL 34990

Title T, PRESIDENT  
Name POWELL, JOHN  
Address 1039 SW SQUIRE JOHNS LANE  
City-State-Zip: PALM CITY FL 34990

Title SECRETARY  
Name RUSH, GEORGE  
Address 284 SW SQUIRE JOHNS LANE  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name O'CONNELL, EOGHAN  
Address 10664 SW WHOOPING CRANE WAY  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name ROSCOE, MICHAEL  
Address 10664 SW WHOOPING CRANE WAY  
City-State-Zip: PALM CITY FL 34990

*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: JOHN POWELL**

**PRESIDENT**

**04/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date