

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000139

FILED
Mar 27, 2009
Secretary of State

Entity Name: COBBLESTONE OF MARION COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3740796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATCH, SCOTT W
Address: 10220 42ND CT SE
City-St-Zip: BELLEVUE, FL 34420

Title: SD () Delete
Name: BRYANT, CATHERINE
Address: 4265 106TH ST SE
City-St-Zip: BELLEVUE, FL 34420

Title: D () Delete
Name: STEWART, JEFFREY
Address: 10135 SE 42ND CT
City-St-Zip: BELLEVUE, FL 34420

Title: D () Delete
Name: CHRISTIANSEN, KANDY
Address: 4240 106TH ST SE
City-St-Zip: BELLEVUE, FL 34420

Title: TD () Delete
Name: GAUDET, ANDRUS
Address: 10105 42ND CT SE
City-St-Zip: BELLEVUE, FL 34420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DELDUCE, GREG
Address: 10345 SE 42ND CT
City-St-Zip: BELLEVUE, FL 34420

Title: D (X) Change () Addition
Name: BRYANT, CATHERINE
Address: 4265 SE 106TH ST
City-St-Zip: BELLEVUE, FL 34420

Title: VPD (X) Change () Addition
Name: LOMAX, GLEN
Address: 10365 SE 42ND CT
City-St-Zip: BELLEVUE, FL 34420

Title: SD (X) Change () Addition
Name: SANDERS, NORMA
Address: 4300 SE 106TH ST
City-St-Zip: BELLEVUE, FL 34420

Title: TD (X) Change () Addition
Name: GAUDET, ANDRUS
Address: 10105 SE 42ND CT SE
City-St-Zip: BELLEVUE, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREG DELDUCE

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date