2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N03000010185

Entity Name: COBBLESTONE HOMEOWNERS ASSOCIATION OF COLUMBIA COUNTY, INC.

Current Principal Place of Business:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Principal Place of Business:

188 NW AMBLESIDE DRIVE
LAKE CITY, FL 32055

Current Mailing Address:

500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607

New Mailing Address:

PO BOX 1556
LAKE CITY, FL 32056

FEI Number: 20-0742215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORNERSTONE PROPERTY SOLUTIONS OF N.C.F.
500 NW 43RD STREET
STE. 3
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

HAUCK, DAVID R
188 NW AMBLESIDE DRIVE
LAKE CITY, FL 32055 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: DAVID R. HAUCK 04/29/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HINELY, BETTY
Address: 557 NW BRIDGEWATER TERRACE
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: HAUCK, DAVID
Address: 188 AMBELSIDE DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: D ( ) Delete
Name: LACDEN, JOSEPH
Address: 304 NW AMBLESIDE DR.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID R. HAUCK T 04/29/2009
Electronic Signature of Signing Officer or Director — Date