


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90059 010 \*\*\*\*61.25

**DOCUMENT # N04000011143**

1. Entity Name  
**COBBLESTONE CREEK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**G.R.S. MGMT ASSC, INC**  
**3900 WOODLAKE BLVD, STE 309**  
**LAKE WORTH, FL 33463**

Mailing Address  
**G.R.S. MGMT ASSC, INC**  
**3900 WOODLAKE BLVD, STE 309**  
**LAKE WORTH, FL 33463**

40023911



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

City & State

4. FEI Number  
**20-2052337**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEOPOLD, KORN & LEOPOLD, P.A.**  
**20801 BISCAYNE BOULEVARD, SUITE 501**  
**AVENTURA, FL 33180**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DP**  Delete  
 NAME **MARGOLIS, STEPHEN**  
 STREET ADDRESS **825 CORAL RIDGE DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DVP**  Change  Addition  
 NAME **Margolis, Stephen**  
 STREET ADDRESS **825 Coral Ridge Dr.**  
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **DS**  Delete  
 NAME **GLUCKMAN, NICHOLAS**  
 STREET ADDRESS **825 CORAL RIDGE DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **DVP**  Delete  
 NAME **ETTINGER, DAVID**  
 STREET ADDRESS **14406 MILITARY TRAIL**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **DP**  Change  Addition  
 NAME **Ettinger, David**  
 STREET ADDRESS **14406 Military Tr.**  
 CITY-ST-ZIP **Delray Bch FL 33484**

TITLE **T**  Delete  
 NAME **GOMEZ, AL**  
 STREET ADDRESS **825 CORAL RIDGE DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **DST**  Change  Addition  
 NAME **KEYS, TOM**  
 STREET ADDRESS **14406 MILITARY TRAIL**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Keys* **Tom KEYS** 2/19/07 561-498-3731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #