

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2010
Secretary of State

Entity Name: COBBLESTONE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O OXYGEN ASSOCIATION SERVICES
14000 S. MILITARY TRAIL - SUITE 112
DELRAY BEACH, FL 33484

New Principal Place of Business:

C/O OXYGEN ASSOCIATION SERVICES
14000 S. MILITARY TRAIL SUITE 112
DELRAY BEACH, FL 33484

Current Mailing Address:

C/O OXYGEN ASSOCIATION SERVICES
14000 S. MILITARY TRAIL - SUITE 112
DELRAY BEACH, FL 33484

New Mailing Address:

C/O OXYGEN ASSOCIATION SERVICES
14000 S. MILITARY TRAIL SUITE 112
DELRAY BEACH, FL 33484

FEI Number: 20-2052337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS & SAX P.A.
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LIPPMAN, KAREN
14000 S. MILITARY TRAIL
SUITE 112
DELRAY BEACH, FL 33484 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: KAREN LIPPMAN

04/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BOWES, MARK
Address: 8621 COBBLESTONE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: VP/T
Name: GALLACHER, MICHAEL
Address: 8911 COBBLESTONE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: S
Name: MOSES, CAROLYN
Address: 9861 COBBLESTONE POINT DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: DIR
Name: MITCHELL, RUBIN
Address: 9800 COBBLESTONE LAKES COURT
City-St-Zip: BOYNTON BEACH, FL 33472

Title: DIR
Name: BIANCHINI, THUNGA
Address: 8572 COBBLESTONE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

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: MARK BOWES

P

04/05/2010

Electronic Signature of Signing Officer or Director

Date