

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000542

FILED
Apr 14, 2009
Secretary of State

Entity Name: COBBLESTONE ON THE LAKE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1986 NE149TH ST
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180

New Mailing Address:

P.O. BOX 100831
CAPE CORAL, FL 33910

FEI Number: 20-4777615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ.
18851 NE 29TH AVENUE
SUITE 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PROFESSIONAL REALTY CONSULTANTS
2503 DEL PRADO BLVD.
SUITE 100
CAPE CORAL, FL 33904 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: PROFESSIONAL REALTY CONSULTANTS

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIRSCHFELD, DAVID
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

Title: STD () Delete
Name: BOULANGER, LAURIS
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: ROUSSO, MARK
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: HIRSCHFELD, DAVID
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

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: PROFESSIONAL REALTY CONSULTANTS

AGNT

04/14/2009

Electronic Signature of Signing Officer or Director

Date