

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000542

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4400 CORTINA CIR  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4400 CORTINA CIR  
FT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 20-4777615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EFFICA-SI MANAGEMENT GROUP LLC  
4400 CORTINA CIR  
FT MYERS, FL 33916 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:** PTD  
**Name:** WILLIAMS, ROBERT  
**Address:** 4400 EXECUTIVE CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** VPD  
**Name:** BARBER, DENISE  
**Address:** 4400 CORTINA CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** SD  
**Name:** BARBER, DENISE  
**Address:** 4400 CORTINA CIR  
**City-St-Zip:** FORT MYERS, FL 33916

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:** DENISE BARBER

VPD

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date