2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000573

FILED Apr 14, 2009 Secretary of State

Entity Name: COBBLESTONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1986 NE 149TH STREET NORTH MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

18851 NE 29TH AVENUE

P.O. BOX 100831 SUITE 900 CAPE CORAL, FL 33910 AVENTURA, FL 33180

FEI Number: 20-4777580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROUSSO, MARK E ESQ. 18851 NE 29TH AVENUE SUITE 900

2503 DEL PRADO BLVD., SUITE 100 CAPE CORAL, FL 33904 AVENTURA, FL 33180 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PROFESSIONAL REALTY CONSULTANTS

() Delete () Change () Addition

HIRSCHFELD, DAVID Name: Name: 2503 DEL PRADO BLVD; STE 500 Address: Address:

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition Name: ROUSSO, MARK Name: GELSON, JAMIE

Address: 2503 DEL PRADO BLVD: STE 500 Address: P.O. BOX 752228 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: DAYTON, OH 45475

Title: STD () Delete Title: () Change () Addition

BOULANGER, LAURIS Name: Name: 2503 DEL PRADO BLVD; STE 500 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 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: PROFESSIONAL REALTY CONSULTANTS **AGNT** 04/14/2009