2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012265

FILED Apr 28, 2008 Secretary of State

Entity Name: COBBLESTONE HOMEOWNERS' ASSOCIATION OF ORANGE COUNTY, INC.

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

8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD

ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822 US

Current Mailing Address: New Mailing Address:

8009 S. ORANGE AVENUE 5955 T.G. LEE BLVD

ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822 US

FEI Number: 20-4960216 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:

LELAND MANAGMENT

8009 S. ORANGE AVENUE

ORLANDO, FL 32809 US

LELAND MANAGMENT

5955 T.G. LEE BLVD

SUITE 300

RLANDO, FL 32809 US SOTTE 300 ORLANDO, FL 32822 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: 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD () Delete Title: P (X) Change () Addition

Name: COWHERD, BRAD Name: DOUGLAS, KIRK
Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 342 COUNTRY COTTAGE LANE

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

Title: PD () Delete Title: VP (X) Change () Addition

Name: CAMP, JEREMY Name: LEITZINGER, GREG

Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 401 COUNTRY COTTAGE LANE
City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

 $\label{eq:title:Title:STD} \mbox{Title:} \mbox{STD} \mbox{ () Delete} \mbox{Title:} \mbox{S/T} \mbox{ (X) Change () Addition}$

Name: INGLE, JIM Name: STEWART, ERIC

Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 241 COUNTRY COTTAGE LANE
City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

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: KIRK DOUGLAS P 04/28/2008