


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90017 048 \*\*\*\*61.25

<b>DOCUMENT # N06000009713</b>			
1. Entity Name COBBLESTONE LANDING TOWNHOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609		Mailing Address 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>206 Easton Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 107</i>	
City & State		City & State <i>Lakeland Florida</i>	
Zip	Country	Zip	Country
<i>33803</i>	<i>US</i>	<i>33803</i>	<i>US</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'RYAN, CHRISTIAN F 2701 N. ROCKY POINT DRIVE SUITE 900 TAMPA, FL 33607 COBBL ASSOC		Name <i>Condominium Associates</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 Easton Dr., Suite 107</i> City <i>Lakeland</i> FL Zip Code <i>33803</i>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Bob Chusterman</i>		DATE <i>1-18-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICHHOLT, DUSTY 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CACHON, MICHAEL 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS-OWEN, GWEN 600 N WESTSHORE BLVD SUITE 400 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Dusty Eichhold</i>		Date <i>1-5-07</i> Daytime Phone # <i>813-901-5263</i>	
DUSTY EICHHOLD, President			

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4. FEI Number *13-4344074* Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required