


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90212 047 \*\*\*\*61.25

**DOCUMENT # N06000009713**

1. Entity Name  
**COBBLESTONE LANDING TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**600 N WESTSHORE BLVD SUITE 400  
 TAMPA, FL 33609**

Mailing Address  
**206 EASTON DR.  
 SUITE 107  
 LAKELAND, FL 33803**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 781291**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL**

Zip  
**32878**

Country  
**US**



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**13-4344074**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONDOMINIUM ASSOCIATES  
 206 EASTON DR. SUITE 107  
 LAKELAND, FL 33803**

**7. Name and Address of New Registered Agent**

Name  
**Community Resource Mgmt**

Street Address (P.O. Box Number is Not Acceptable)  
**19 E. Central Blvd.**

City  
**Orlando** FL Zip Code  
**32801**

**ENTERED**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EICHHOLT, DUSTY<br>600 N WESTSHORE BLVD SUITE 400<br>TAMPA, FL 33609  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CACHON, MICHAEL<br>600 N WESTSHORE BLVD SUITE 400<br>TAMPA, FL 33609  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MILLS-OWEN, GWEN<br>600 N WESTSHORE BLVD SUITE 400<br>TAMPA, FL 33609 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Mahdi Mansour<br>PO Box 781291, Orlando, FL 32878 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Dana Brown<br>PO Box 781291, Orlando, FL 32878   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Tracy Parker<br>PO Box 781291, Orlando, FL 32878  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **4/14/08** **813-888-1033**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #