

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002345

FILED
Jan 21, 2009
Secretary of State

Entity Name: COBBLESTONE @ CORDOVA OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1401 EAST BELMONT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1401 EAST BELMONT STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 51-0630328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERHAAR, ANTHONY L
1401 EAST BELMONT STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

CRONLEY, JAMES D
1401 EAST BELMONT STREET
PENSACOLA, FL 32501 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: JAMES D. CRONLEY

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CRONLEY, JAMES D
Address: 1401 EAST BELMONT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: P () Delete
Name: LEE, BRYAN
Address: 7000 COBBLE CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: V (X) Delete
Name: CLEVELAND, BOB
Address: 311 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEE, WILLIAM W
Address: 7000 COBBLE CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: V (X) Change () Addition
Name: CLEVELAND, BOB
Address: 311 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
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: JAMES D CRONLEY

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date