

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28837

FILED
Mar 25, 2004
Secretary of State**Entity Name:** COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2417 SE DIXIE HIGHWAY
STUART, FL 34996**New Principal Place of Business:****Current Mailing Address:**2417 SE DIXIE HIGHWAY
STUART, FL 34996**New Mailing Address:****FEI Number:** 65-0236652**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TREASURE COAST PROPERTY MANAGEMENT
1829-B SE AIRPORT RD
STUART, FL 349964012 US**Name and Address of New Registered Agent:**TREASURE COAST PROPERTY MANAGEMENT
2417 SE DIXIE HIGHWAY
STUART, FL 34996 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: WILLIAM K. O'HAY

03/25/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREFE, JOHN
Address: 80 TOWN POINT ROAD
City-St-Zip: SOUTHAMPTON, NY 11968

Title: VPD () Delete
Name: KINSKY, DAVID
Address: 26 MEADOW CONE ROAD
City-St-Zip: PITTSFORD, NY 14534

Title: STR () Delete
Name: HIRSCHFELD, DAVID
Address: 5524 ETON CT.
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUGARMAN, SUSAN
Address: 1196 SQUIRE JOHNS LANE
City-St-Zip: PALM CITY, FL 34990

Title: VPD (X) Change () Addition
Name: GONZALES, ANTONIO
Address: 10520 SW WHOOPING CRANE
City-St-Zip: PALM CITY, FL 34990

Title: S/TR (X) Change () Addition
Name: HIRSCHFELD, DAVID
Address: 5524 ETON CT.
City-St-Zip: BOCA RATON, FL 33486

Title: D () Change (X) Addition
Name: HOFFMAN, JONATHAN
Address: 533 WEST PARK AVENUE
City-St-Zip: LONG BEACH, NY 11561

Title: D () Change (X) Addition
Name: STARK, WILLIAM
Address: 10278 SW ROOKERY WAY
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUSAN SUGARMAN

PRES

03/25/2004

Electronic Signature of Signing Officer or Director

Date