2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90020 018 ****61.25

DOCUMENT # N28837

1. Entity Name
COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.

50005059

02132006 Chg-NP CR2E037 (11/05)

Principal Place of Business	Mailing Address
2417 SE DIXIE HIGHWAY STUART, FL 34996	2417 SE DIXIE HIGHWAY STUART, FL 34996

2. Principal Place of Business	3. Mailing Address
547 SQUIRE JOHNS LN	547 SQUIRE JOHNS LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PALM CITY, FL	PALM CITY, FL
Zip 34990 Country	Zip 34990 Country

4. FEI Number 65-0236652 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYDZEWSKI, ROBERT G ESQ.
CORNETT, GOOTE & ASSOCIATES, P.A.
401 EAST OSCEOLA STREET
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~GONZALES, ANTONIO~~ ~~10520 SW WHOOPING CRANE~~ ~~PALM CITY, FL 34990~~	☑ ~~Delete~~	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S/TR~~ ~~HIRSCHFELD, DAVID~~ ~~5524 ETON CT.~~ ~~BOCA RATON, FL 33486~~	☑ ~~Delete~~	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~STARK, WILLIAM~~ ~~10276 SW ROOKERY WAY~~ ~~PALM CITY, FL 34990~~	☑ ~~Delete~~	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GERARD IMPALLITERE 531 SW SQUIRE JOHNS LN. PALM CITY FL. 34990	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY KEVIN FLOYD SW SQUIRE JOHNS LN. PALM CITY FL. 34990	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WILLIAM BLACK 440 SW SQUIRE JOHNS LN. PALM CITY FL. 34990	☐ Delete	☐ Change ☐ 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: William Black WILLIAM BLACK 3-16-06 772-597-5063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #