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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34556** (3)

1. Corporation Name

COBBLESTONE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**C/O THE CORNERSTONE GROUP, A FL GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990**

**C/O THE CORNERSTONE GROUP, A FL GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990-7805**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1989	3a. Date of Last Report 06/14/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0146806	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE CORNERSTONE GROUP, A FLORIDA GROUP
10568 WHOOPING CRANE WAY
PALM CITY FL 34990**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO, JOSEPH D., JR	1.2 NAME	
STREET ADDRESS	15 BEAUX ARTS LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BAY NY	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, ROBIN L.	2.2 NAME	
STREET ADDRESS	3017 SW LONGLEAF COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSILICO	3.2 NAME	
STREET ADDRESS	10568 WHOOPING CRANE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, ROBIN L	4.2 NAME	
STREET ADDRESS	3017 SW LONGLEAF CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Blanchard, Robin L. Meehan, 5/30/97 561

CR2E037 (9/96)