

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90147 034 \*\*\*\*61.25

**DOCUMENT # N34556**

1. Corporation Name

**COBBLESTONE COUNTRY CLUB, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/09/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0146806	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

## 9. Name and Address of Current Registered Agent

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

## 10. Name and Address of New Registered Agent

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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	2924 SE Morningside Blvd
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	Port St Lucie, FL 34952
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	2924 SE Morningside Blvd
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	Port St Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE:

*Robinson Meehan* **SIGNATURE** **ROBIN L Meehan** 4/30/99 561-597-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #