2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007
Secretary of State

DOCUMENT# N95000000565

Entity Name: COBBLESTONE WALK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 8406
CORAL SPRINGS, FL 33075 US

New Principal Place of Business:

10106 ROYAL PLAM BLVD
CORAL SPRINGS, FL 33075 US

Current Mailing Address:

PO BOX 8406
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-0601659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR, BROUGH & CHADROW, P.A.
WESTSIDE CORPORATE CENTER
150 SOUTH PINE ISLAND RD., STE 540
PLANTATION, FL 333242669 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CLATSOFF, DEBORAH A MRS
Address: 10106 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: PRIETO/TORRIES, CINDY MRS
Address: 10188 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP ( ) Delete
Name: DOONAN, PAT MS
Address: 10152 ROYAL PALM BLVD.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TRES ( ) Delete
Name: BEVERLEIN, BEVERLY MS
Address: 10198 ROYAL PALM BLVD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE CLATSOFF PRES 02/16/2007

Electronic Signature of Signing Officer or Director — Date