

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90014 014 \*\*\*\*61.25

<b>DOCUMENT # N99000001661</b>	
1. Entity Name <b>COBBLESTONE PROPERTY OWNER'S ASSOCIATION, INC.</b>	
Principal Place of Business <b>6479 53RD CIRCLE VERO BEACH, FL 32967</b>	Mailing Address <b>6479 53RD CIRCLE VERO BEACH, FL 32967</b>



02072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0953689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NICOLACE, EDWARD  
6479 53RD CIRCLE  
VERO BEACH, FL 32967**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BINKLEY, JOHN 6475 53RD CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - misspelled NICOLACE, EDWARD 6479 53RD CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SHISHLER, GEOFF 6455 53RD CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICOLACE, EDWARD 6469 53RD CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #