2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2006
Secretary of State

DOCUMENT# N99000001661

Entity Name: COBBLESTONE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6479 53RD CIRCLE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

6479 53RD CIRCLE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-0953689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLACE, EDWARD
6479 53RD CIRCLE
VERO BEACH, FL 32967 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:	DT	( ) Delete
Name:	BINKLEY, JOHN	
Address:	6475 53RD CIRCLE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	NICOLACE, EDWARD	
Address:	6479 53RD CIRCLE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	VPSD	( ) Delete
Name:	SHISHLER, GEOFF	
Address:	6455 53RD CIRCLE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	DP	( ) Delete
Name:	NICOLACE, EDWARD	
Address:	6469 53RD CIRCLE	
City-St-Zip:	VERO BEACH, FL 32967	

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: EDWARD NICOLACE DIR 01/15/2006

Electronic Signature of Signing Officer or Director — Date