

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001661

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

6407 53RD CIRCLE
VERO BEACH, FL 32967

New Principal Place of Business:

6463 53RD CIRCLE
VERO BEACH, FL 32967

Current Mailing Address:

6479 53 CIRCLE
VERO BEACH, FL 32967

New Mailing Address:

6463 53RD CIRCLE
VERO BEACH, FL 32967

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:

TAYLOR, SCOTT
6463 53RD CIRCLE
VERO BEACH, FL 32967 US

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: SCOTT TAYLOR

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: ADAMSON, MICHAEL VP
Address: 6459 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: NICOLACE, EDWARD P
Address: 6479 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

Title: VPSD () Delete
Name: MIGLIORE, WILLIAM S
Address: 6423 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: TAYLOR, SCOTT P
Address: 6479 53RD CIRCLE
City-St-Zip: VERO BEACH, FL 32967

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

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM O. MIGLIORE

VPSD

04/27/2009

Electronic Signature of Signing Officer or Director

Date