

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28837

Entity Name: COBBLESTONE COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 04, 2025
Secretary of State
7069235353CC**Current Principal Place of Business:**10300 SW ROOKERY WAY
PALM CITY, FL 34990**Current Mailing Address:**COBBLESTONE COUNTRY CLUB
10300 SW ROOKERY WAY
PALM CITY, FL 34990 US**FEI Number: 65-0236652****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORNETT, JANE ESQ.
BECKER & POLIAKOFF
759 SW FEDERAL HWY. SUITE 213
STUART, FL 34994 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: JANE CORNETT****03/04/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name CURCIO, JOSEPH
Address 10300 ROOKERY WAY
City-State-Zip: PALM CITY FL 34990**Title** VP, SECRETARY
Name MOORE, ROSS
Address COBBLESTONE COUNTRY CLUB
10300 ROOKERY WAY
City-State-Zip: PALM CITY FL 34990**Title** TREASURER
Name JONES, MICHAEL SCOTT
Address COBBLESTONE COUNTRY CLUB
10300 ROOKERY WAY
City-State-Zip: PALM CITY FL 34990**Title** DIRECTOR
Name CARBEAU, JOHN
Address COBBLESTONE COUNTRY CLUB
10300 ROOKERY WAY
City-State-Zip: PALM CITY FL 34990**Title** DIRECTOR
Name INTOCCIA, CHRISTINA
Address COBBLESTONE COUNTRY CLUB
10300 ROOKERY WAY
City-State-Zip: PALM CITY FL 34990

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH CURCIO**PRESIDENT****03/04/2025**

Electronic Signature of Signing Officer/Director Detail

Date