2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N05000007270

Entity Name: CORNERSTONE NORTHEAST OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1840 4TH STREET NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55699
ST. PETERSBURG, FL 33732

New Mailing Address:

FEI Number: 20-3816659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, ROBERT L
6300 4TH STREET NORTH
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

BROWN, ALAN C
6300 4TH STREET NORTH
ST. PETERSBURG, FL 33702 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: ALAN C BROWN 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROWN, ALAN C
Address: 6300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD ( ) Delete
Name: CARR, ROBERT L
Address: 6300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: WHITEMAN, THOMAS R JR.
Address: 1840 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: HOLTSCLAW, KENNETH
Address: 6300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: ALAN C BROWN PD 03/17/2009
Electronic Signature of Signing Officer or Director Date