

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17160 (5)
1. Corporation Name

CORNERSTONE CENTRE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 3830 TAMPA RD., SUITE 200 PALM HARBOR FL 34684	Mailing Address 552 MAIN ST SAFETY HARBOR FL 34695 US
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3. Date Incorporated or Qualified 10/07/1986	4. FEI Number 59-2712885	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MEZER, STEVEN P 1212 COURT ST STE B CLEARWATER FL 34616	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	ALBERGO, ROBERT P	
STREET ADDRESS	3830 TAMPA ROAD, STE 300	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VO	<input checked="" type="checkbox"/> DELETE
NAME	GARNER, LARA	
STREET ADDRESS	2240 BELLEAIR ROAD, STE. 215	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ALEX	
STREET ADDRESS	3840 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBSON, KERRY E	
STREET ADDRESS	3820 TAMPA RD STE 201	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JOHNNY	
STREET ADDRESS	3840 TAMPA RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, DEBRA	
STREET ADDRESS	3890 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NANCY WHEELINE	
1.3 STREET ADDRESS	3890 TAMPA RD	
1.4 CITY-ST-ZIP	PALM HARBOR, FL	
2.1 TITLE	DR. KERRY ROBSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. KERRY ROBSON	
2.3 STREET ADDRESS	3820 TAMPA ROAD	
2.4 CITY-ST-ZIP	PALM HARBOR, FL	
3.1 TITLE	DR. JOHNNY JOHNSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DR. JOHNNY JOHNSON	
3.3 STREET ADDRESS	3840 TAMPA RD	
3.4 CITY-ST-ZIP	PALM HARBOR, FL	
4.1 TITLE	ED MERCADO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ED MERCADO	
4.3 STREET ADDRESS	3850 TAMPA ROAD	
4.4 CITY-ST-ZIP	PALM HARBOR, FL.	
5.1 TITLE	DR. HAROLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DR. HAROLD	
5.3 STREET ADDRESS	5289 ENCLAVE DR.	
5.4 CITY-ST-ZIP	OLDSMAR, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Wheeline* 2/10/98 781-3171

CR2E037 (10/97)