


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90083 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17160**

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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2. Principal Place of Business 21 2180 W SR 434 Suite, Apt. #, etc.	2a. Mailing Address 26 2180 W SR 434 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/07/1986
22 STE 5000 City & State 23 LONGWOOD FL	27 STE 5000 City & State 28 LONGWOOD FL	4. FEI Number 59-2712885 Applied For Not Applicable
24 32779 Zip 25 US Country	29 32779 Zip 30 US Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

**MEZER, STEVEN P**  
**1212 COURT ST STE B**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name  
**HART, JAMES W JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2180 W SR 434 STE 5000**

83

84 City  
**LONGWOOD** **FL** 85 Zip Code  
**32779**

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 \_\_\_\_\_ DATE **3/15/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELING, NANCY	1.2 NAME	
STREET ADDRESS	3890 TAMPA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBSON, KERRY D	2.2 NAME	
STREET ADDRESS	3620 TAMPA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHNNY D	3.2 NAME	
STREET ADDRESS	3840 TAMPA RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADO, ED	4.2 NAME	
STREET ADDRESS	3850 TAMPA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DR	5.2 NAME	
STREET ADDRESS	5289 ENCLAVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Nancy Wheeling* **SIGNATURE REQUIRED** DATE **3/31/99** DAYTIME PHONE # **781-3195**

CR2E037 (11/98)