

**2000 UNIFORM BUSINESS REPORT (UBR)**

UBR 43

**DOCUMENT # N17160**

1. Entity Name

**CORNERSTONE CENTRE PROPERTY OWNERS ASSOCIATION,**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 MAR 20 PM 2:24

Principal Place of Business

Mailing Address

2180 W SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044

2180 W SR 434  
SUITE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2712885**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR**  
2180 W SR 434 STE 5000  
LONGWOOD FL 32799

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME WHEELING, NANCY  
STREET ADDRESS 3890 TAMPA RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE TD  Change  Addition  
NAME **800003183238--1**  
STREET ADDRESS **-03/24/00--01076--021**  
CITY-ST-ZIP **\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE VD  Delete  
NAME ROBSON, KERRY D  
STREET ADDRESS 3820 TAMPA RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE PD  Change  Addition  
NAME ROSEN, JOSEPH  
STREET ADDRESS 3850 TAMPA RD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD  Delete  
NAME JOHNSON, JOHNNY D  
STREET ADDRESS 3840 TAMPA RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE D  Change  Addition  
NAME ALBERGO, ROBERT  
STREET ADDRESS 3830 TAMPA RD #300  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE TD  Delete  
NAME MERCADO, ED  
STREET ADDRESS 3850 TAMPA RD  
CITY-ST-ZIP PALM HARBOR FL

TITLE  Change  Addition  
NAME **03/21**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME HARRIS, DR  
STREET ADDRESS 5289 ENCLAVE DR  
CITY-ST-ZIP OLDSMAR FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)