

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90128 024 \*\*\*\*61.25

**DOCUMENT # N17160**

1. Entity Name

**CORNERSTONE CENTRE PROPERTY OWNERS ASSOCIATION, INC.**

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

4. FEI Number

**59-2712885**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROBSON, KERRY D</b>	
STREET ADDRESS	<b>3820 TAMPA RD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, JOHNNY D</b>	
STREET ADDRESS	<b>3840 TAMPA RD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>ROSEN, JOSEPH</b>	
STREET ADDRESS	<b>3850 TAMPA RD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALBERGO, ROBERT</b>	
STREET ADDRESS	<b>3830 TAMPA RD #300</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAROCHELLE, ANDY</b>	
STREET ADDRESS	<b>3830 TAMPA RD #300</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/02**  
 Date

**727-786-7557**  
 Daytime Phone #

CR2E037 (9/01)