

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2009
Secretary of State**

DOCUMENT# N17160

Entity Name: CORNERSTONE CENTRE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2712885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32799 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUNCAN, TOM
Address: 3850 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

Title: VPD () Delete
Name: JOHNSON, JOHNNY JR
Address: 3840 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

Title: SD () Delete
Name: WOZNIAK, SARAH
Address: 3890 TAMPA RD
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: DEAN, ARDESHIR
Address: 3830 TAMPA RD #300
City-St-Zip: PALM HARBOR, FL 34684

Title: TD () Delete
Name: KING, WAYNE
Address: 3830 TAMPA RD #150
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DUNCAN, TOM
Address: 1774 N BELCHER RD
City-St-Zip: CLEARWATER, FL 33765

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

Title: SD (X) Change () Addition
Name: WOZNIAK, SARAH
Address: 3890 TAMPA RD #402
City-St-Zip: PALM HARBOR, FL 34684

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

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: TOM DUNCAN

PD

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date