

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072724

**Entity Name:** CORNERSTONE SERVICING CORP.

**Current Principal Place of Business:**

570 SW RABBIT AVE.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

570 SW RABBIT AVE.  
PORT ST. LUCIE, FL 34953

**FEI Number: 27-3469029**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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

**Officer/Director Detail :**

Title PD  
Name POCCHIARI, STEPHANIE  
Address 570 SW RABBIT AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VD  
Name POCCHIARI, JASON  
Address 570 SW RABBIT AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title S  
Name MATWAY, STACI  
Address 570 SW RABBIT AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title T  
Name D'AMATO, DESIREE  
Address 570 SW RABBIT AVE.  
City-State-Zip: PORT ST. LUCIE FL 34953

Title D  
Name HOVESKELAND, JULIE  
Address 985 SW MCCOMB  
City-State-Zip: PORT ST LUCIE FL 34953

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHANIE POCCHIARI**

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date