FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # F51907**

1. Corporation Name CORNERSTONE COMMUNITIES, INC.

Mailing Address Principal Place of Business 1934 SOULE RD CLEARWATER FL 33759 1934 SOULE RD CLEARWATER FL 33759

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90005 048 ***158.75



DO NOT WRITE IN THIS SPACE

,,						10/30/1981		
		2a. Mailing Address				4. FEI Number	Applie	
2. Principal Place of Busine	\vdash				59-2135225	Not A	pplicable	
		26					\$8.75 Add	
Suite, Apt. #, etc.						5. Certificate of Status Desired	Fee Requi	red
27						-i u G Einanging	\$5.00 Ma	ıv Be
City & State			•			6. Election Campaign Financing	Added to F	
	ľ	28	_			Trust Fund Contribution		
23	Country	Zip	Cou	intry		8. This corporation owes the current year	rintangible	No
Zip Coding)			30			Personal Property Tax.		
24	5		14-1			10. Name and Address of New Registe	red Agent	
9. Name a	and Address of Current R	tegistered Agont		81	Name	·		ł
						Net Agontable)		
BABCOCK, C. I. III				82 Street Address (P.O. Box Number is Not Acceptable)				
- 1904 OOCE 110							100种自然的数	
CLEARWATER FL 33759				83			(1) \$15 (\$15 (45) a 19	4 446. 1681
		•		84	City	The second secon	85 Zip Co	de
	_	,				<u></u>	FL 🔼	
AND INSTALLS		4. 3.000 Florida Ca	atutes the s	hove-	named com	poration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing its re	egistered (
11. Pursuant to the provision office or registered age agent. I am familiar with	ons of Sections 607.0502 ont, or both, in the State of h, and accept the obligation	ns of, Section 607.0505,	, Flonda Sta	wes.				
			NOTE: Registere	d Agent s	signature require	ed when reinstating)) (1/4/5 DA		C IN 12
Signature, typed	or printed name of registered agent a	III tave a abbarran	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	Addition
12.	OFFICERS AND	DIRECTORS		TITLE		1 200 m to 11 1 - 6 - 2 2 5 5 7	Change	L Addition []
TITLE PSTD		C DECEN	_			Francisco Company		
NAME BABCOCI	(, C. I. III			NAME		<u>.</u>		Į.
			1.3 5	STREET	ADDRESS		•	ļ.
OL EADAM	ATER FL 33759		1.4	CITY-ST-	ZIP		☐ Change	☐ Addition
1,.	(IER I E 00/00	☐ DELET	E 2.1	TITLE	ł		C 4	}
TITLE V			2.2	NAME	Į.			
NAME BASS, RO)RFKI-F		22	STREET	ADDRESS	·		ļ
STREET ADDRESS 1934 SO	JLE RD				1	_		
CITY-ST-ZIP CLEARW	ATER FL 33759 / 177	·		CITY-ST	1-ZIP		Change	☐ Addition
	- · · · · · · · · · · · · · · · · · · ·	DELET		TITLE				ļ
1 (4.51.3.1.6.1.1.			3.2	NAME	j			
NAME 15 15 15 15 15 15 15 15 15 15 15 15 15		•	3.3	STREET	ADDRESS	- Park Distable a 雑a		医舒维士
STREET ADDRESS			3.4	LCITY-S	r-żip		Change	[] Addition
CITY ST-ZIP				TITLE		(韓)(称)(4) 等 (韓)(韓	. LI Change	· E I Addition
TITLE	ž.	, , ,		2 NAME	}		•	ļ
NAME		والمراجع المحار				•		
STREET ADDRESS		*	4.3	3 STREET	F ADDRESS			}
1.5.			4.4	4 CITY-S	T-ZIP		Change	☐ Addition
CITY-ST-ZIP		☐ DELE	TE 5.	1 TITLE	ļ	1.00	•-	l
TITLE			5.3	2 NAME		the county		ľ
NAME	, ,		5.	3 STREE	T ADDRESS			l
STREET ADDRESS				4 CITY-S		20 20 20 20 20 20 20 20 20 20 20 20 20 2		
CITY-ST-ZIP	<u> </u>			1 TITLE	-		☐ Change	Addition
700 E	. T. C	DELE	-'-		}			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				2 NAME	ļ		-	
NAME PERSON			6	.3 STREE	TADDRESS			
STREET ADDRESS	•	•	6	4 CITY-S	ST-ZIP		ther certify that the	information

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 received or true and empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if charged or on an afacture of the corporation of the received or true and accurate and that my name appears in Block 12 of Block 13 if charged or on an afacture of the corporation of the received or true and accurate and that my name appears in Block 12 of Block 13 if charged or on an afacture of the corporation of the received or true and accurate and that my name appears in the supplemental 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 indicated on this annual report or supplemental annual report is true and accurate and that my name appears in officer or director of the corporation of the received or true and accurate and that my name appears in the supplemental annual report of the corporation of the received or true and accurate and that my name appears in the supplemental annual report of the corporation of the received or true and accurate and that my name appears in the supplemental annual report of the corporation of the received or true and accurate and that my name appears in the supplemental annual report of the corporation of the received or true and accurate and that my name appears in the received or true and accurate and the supplemental annual report or the received or the supplemental a

SIGNATURE: