


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003607

1. Entity Name
CORNERSTONE ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 2156 10TH STREET SARASOTA, FL 34237	Mailing Address 2156 10TH STREET SARASOTA, FL 34237
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01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3593635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAUFFMAN, K. SCOTT
 2156 10TH STREET
 SARASOTA, FL 34237**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAUFFMAN, K. SCOTT 1645 FOX CREEK DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHUE, RICHARD 2546 RIVER RIDGE DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUE, MICHAEL 7115 INDIAN BOW LANE SARASOTA, FL 34240
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: K. Scott Kauffman 04/12/04 (941)366-9651

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #