

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90106 019 \*\*\*\*61.25

<b>DOCUMENT # N02000009723</b>					
<b>1. Entity Name</b> CORNERSTONE OFFICE PARK OWNERS' ASSOCIATION INC.					
<b>Principal Place of Business</b> 1530 CORNERSTONE BLVD STE 100 DAYTONA BEACH, FL 32117			<b>Mailing Address</b> PO BOX 10809 DAYTONA BEACH, FL 32120		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 55-0811176	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
APGAR, ROBERT F 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DV MCMUNN, WILLIAM H 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP GARN, TED 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DST CRISP, LINDA 1530 CORNERSTONE BLVD., STE. 100 DAYTONA BEACH, FL 32117		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AS GARY, MARISA 1530 Cornerstone Blvd Ste 100 Daytona Beach, FL 32117		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]		<input type="checkbox"/> Delete		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	[Empty]		<input type="checkbox"/> Delete		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Linda Crisp</i>		Linda Crisp		1/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 386-274-2202	