

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 031 \*\*\*\*61.25

**DOCUMENT # N03000008221**



1. Entity Name  
**CORNERSTONE BEACH RESORT CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**5480 ESTERO BLVD  
FORT MYERS BEACH, FL 33931**

Mailing Address  
**15751 SAN CARLOS BLVD #8  
FORT MYERS, FL 33908 US**

2. Principal Place of Business - No P.O. Box #

**711 Tarpon Bay Rd**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 100**

Suite, Apt. #, etc.

City & State

**Sanibel FL**

Zip

**33957**

Country

**USA**

City & State

**Sanibel FL**

Zip

**33957**

Country

**USA**

04162008 Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-1235770**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUTIOR & ASSOCIATES, INC.  
15751 SAN CARLOS BLVD #8  
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **Steven Mackesy**  
Street Address (P.O. Box Number is Not Acceptable)

**711 Tarpon Bay Rd**

City **Sanibel FL** Zip Code **33957**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete  
NAME **BENNIS, JILL ELLEN**  
STREET ADDRESS **260 EGGLESTON UNT E**  
CITY-ST-ZIP **ELHURST, IL 60126**

TITLE **S/T** ☐ Delete  
NAME **GREISSINGER, LORI**  
STREET ADDRESS **28932 N. LEMON**  
CITY-ST-ZIP **MUNDELEIN, IL 60060**

TITLE **P** ☐ Delete  
NAME **HOWARD, RAE**  
STREET ADDRESS **26321 SUMMER GREENS DR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Lori Greissinger** **Lori Greissinger** **4/16/08** **847-531-0504**  
Date Daytime Phone #