2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N03000008221

Entity Name: CORNERSTONE BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

711 TARPON BAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

PO BOX 100
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 20-1235770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD.
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: BENNIS, JILL ELLEN
Address: 260 EGGLESTON UNT E
City-St-Zip: ELHURST, IL 60126 US

Title: S/T ( ) Delete
Name: GREISSINGER, LORI
Address: 28932 N. LEMON
City-St-Zip: MUNDELEIN, IL 60060

Title: P ( ) Delete
Name: HOWARD, RAE
Address: 26321 SUMMER GREENS DR.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: BENNIS, JILL ELLEN
Address: 260 EGGLESTON UNIT E
City-St-Zip: ELMHURST, IL 60126 US

Title: STD (X) Change ( ) Addition
Name: GREISSINGER, LORI
Address: 28932 N. LEMON
City-St-Zip: MUNDELEIN, IL 60060

Title: PD (X) Change ( ) Addition
Name: HOWARD, RAE
Address: 26321 SUMMER GREENS DR.
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE HOWARD PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date