

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007270

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** CORNERSTONE NORTHEAST OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1840 4TH STREET NORTH  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

6300-4TH STREET NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

P.O. BOX 55699  
ST. PETERSBURG, FL 33732

FEI Number: 20-3816659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARR, ROBERT L  
6300 4TH STREET NORTH  
ST. PETERSBURG, FL 33702 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: PD ( ) Delete  
Name: BROWN, ALAN C  
Address: 6300-4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD ( ) Delete  
Name: CARR, ROBERT L  
Address: 6300-4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete  
Name: WHITEMAN, THOMAS R JR.  
Address: 3700 SHORE ACRES BLVD. NE  
City-St-Zip: ST. PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BROWN, ALAN C  
Address: 6300 4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD (X) Change ( ) Addition  
Name: CARR, ROBERT L  
Address: 6300 4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D (X) Change ( ) Addition  
Name: WHITEMAN, THOMAS R JR.  
Address: 1840 4TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN C. BROWN

PD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date