

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003018

FILED
Mar 17, 2009
Secretary of State

Entity Name: EASTLAKE CORNERSTONE OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

4197 WOODLANDS PKWY
PALM HARBOR, FL 34685

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 26-2686987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFSTRA, PETER T
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 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: D () Delete
Name: BROWN, ALAN C
Address: 6300 4TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: ROSS, AMY
Address: 4317 SIGNAL HILL DR.
City-St-Zip: NASHVILLE, TN 37205

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSS, AMY
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: ST (X) Change () Addition
Name: WILSON, JENNIFER
Address: 6300 4TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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: ALAN C BROWN

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date