## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17160

FILED Feb 27, 2006 Secretary of State

Entity Name: CORNERSTONE CENTRE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 W SR 434 SUITE 5000

LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 W SR 434 SUITE 5000

LONGWOOD, FL 32779 US

FEI Number: 59-2712885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HART, JAMES W JR 2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 32799 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 ROBSON, KERRY

 Address:
 3820 TAMPA RD

City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete
Name: JOHNSON, JOHNNY
Address: 3840 TAMPA RD
City-St-Zip: PALM HARBOR, FL

 Title:
 VPD
 ( ) Delete

 Name:
 MCLAUGHLIN, TIM

 Address:
 3850 TAMPA RD

City-St-Zip: PALM HARBOR, FL 34685

 Title:
 TD
 ( ) Delete

 Name:
 REILLY, SANDY

 Address:
 3890 TAMPA RD

City-St-Zip: PALM HARBOR, FL 34685

Title: D ( ) Delete

 Name:
 KING, WAYNE

 Address:
 3830 TAMPA RD

 City-St-Zip:
 PALM HARBOR, FL 34684

Title: PD (X) Change ( ) Addition Name: ROBSON, KERRY

Address: 2435 US 19 STE 270 City-St-Zip: HOLIDAY, FL 34691

Title: SD (X) Change ( ) Addition

 Name:
 JOHNSON, JOHNNY

 Address:
 414 WATERFORD CIR E

 City-St-Zip:
 TARPON SPRINGS, FL 34689

Title: VPD (X) Change ( ) Addition

Name: DUNCAN, TOM
Address: 2040 COACHMAN RD NE
City-St-Zip: CLEARWATER, FL 34765

Title: TD (X) Change ( ) Addition

Name: REILLY, SANDRA Address: 3890 TAMPA RD

City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

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: KERRY ROBSON PD 02/27/2006