

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N42705** (6)

95 APR -6 AM 6:48

1. Corporation Name  
**CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**C/O HARBOUR MGMT  
6820 TAMPA RD #202  
PALM HARBOR FL 34684  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1991** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-3074893** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. **552 MAIN ST** 26 Suite, Apt. #, etc.  
22 City & State **SAFETY HARBOR FL** 27 City & State  
23 Zip **34695** 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PERZEL, J.T.  
C/O HARBOUR MGMT  
552 MAIN ST  
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent  
81 Name **MARTIN + FIGURSKI**  
82 Street Address (P.O. Box Number is Not Acceptable) **8406 MASSACHUSETTES AVENUE**  
83 **SUITE B1**  
84 City **NEWPORT RICHEY** FL 85 Zip Code **34653**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VDP</b>
NAME	<b>ROTHBERG, DAVID S.</b>
STREET ADDRESS	<b>3820 TAMPA RD. #101</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>PD</b>
NAME	<b>KANE, JESSE</b>
STREET ADDRESS	<b>3820 TAMPA RD. #202</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>
TITLE	<b>SD</b>
NAME	<b>KILEY, KEVIN</b>
STREET ADDRESS	<b>3820 TAMPA RD. #201</b>
CITY - ST - ZIP	<b>PALM HARBOR FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>ROBSON, KERRY</b>
43 STREET ADDRESS	<b>3820 TAMPA RD #201</b>
44 CITY - ST - ZIP	<b>PALM HARBOR, FL</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do certify that the information indicated on this annual report or supplemental annual report is true, that I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 as director, officer, or attachment with an address.

I hereby certify for the corporation stated in Section 110.07(3)(k), Florida Statutes, I further certify and that my signature shall have the same legal effect as if made under oath to this report as required by Chapter 617, Florida Statutes, and that my name

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3/28/95  
Date

Signature Plate #