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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N42705 (6)**
1. Corporation Name
CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC



Principal Place of Business: 552 MAIN ST, 3820 TAMPA RD S202, SAFETY HARBOR FL 34695 US

Mailing Address: C/O HARBOUR MGMT, 3820 TAMPA RD, S202, PALM HARBOR FL 34684-3800 US

3. Date Incorporated or Qualified: 03/27/1991
3a. Date of Last Report: 03/13/1996

4. FEI Number: 59-3074893
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 HARBOUR MANAGEMENT, 552 MAIN STREET, SAFETY HARBOR, FL 34695

2a. Mailing Address: 26 CORNERSTONE DOCTORS CONDOMINIUM ASSOC. INC., 3820 TAMPA ROAD STE. 202, PALM HARBOR, FL 34684

23. Country: 25 USA, 29 USA

9. Name and Address of Current Registered Agent: MARTIN & FIGUERSKI, 8406 MASSACHUSETTS AVENUE, SUITE B1, NEWPORT RICHEY FL 34853

10. Name and Address of New Registered Agent: 81 N STEVEN MEZER, PA, 82 S 1212 COURT ST, SUITE B, 83 CLEARWATER, FL 34616, 84 C

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/25/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------|
| TITLE | D | DELETE |
| NAME | ROTHBERG, DAVID S. | |
| STREET ADDRESS | 3820 TAMPA RD. #101 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | SD | DELETE |
| NAME | KANE, JESSE | |
| STREET ADDRESS | 3820 TAMPA RD. #202 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | TD | DELETE |
| NAME | KILEY, KEVIN | |
| STREET ADDRESS | 3820 TAMPA RD. #201 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | PD | DELETE |
| NAME | ROBSON, KERRY | |
| STREET ADDRESS | 3820 TAMPA RD #201 | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|---------------------------|--------|----------|
| 1.1 TITLE | VP | Change | Addition |
| 1.2 NAME | DAVID ROTHBERG, MD, PA | | |
| 1.3 STREET ADDRESS | 3820 TAMPA ROAD, STE 101 | | |
| 1.4 CITY-ST-ZIP | PALM HARBOR, FL 34684 | | |
| 2.1 TITLE | PD | Change | Addition |
| 2.2 NAME | KANE, JESSE | | |
| 2.3 STREET ADDRESS | 3820 TAMPA RD #202 | | |
| 2.4 CITY-ST-ZIP | PALM HARBOR, FL 34684 | | |
| 3.1 TITLE | TD | Change | Addition |
| 3.2 NAME | KEVIN KILEY, DDS | | |
| 3.3 STREET ADDRESS | 3820 TAMPA ROAD, STE. 201 | | |
| 3.4 CITY-ST-ZIP | PALM HARBOR, FL 34684 | | |
| 4.1 TITLE | SD | Change | Addition |
| 4.2 NAME | KERRY ROBSON | | |
| 4.3 STREET ADDRESS | 3820 TAMPA ROAD STE. 201 | | |
| 4.4 CITY-ST-ZIP | PALM HARBOR FL 34684 | | |
| 5.1 TITLE | D | Change | Addition |
| 5.2 NAME | ARON SCHLAU, MD, PA | | |
| 5.3 STREET ADDRESS | 3820 TAMPA ROAD, STE 102 | | |
| 5.4 CITY-ST-ZIP | PALM HARBOR, FL 34684 | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/21/97 813 786 8678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)