

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90099 009 ****61.25

DOCUMENT # N42705

1. Entity Name

CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3820 TAMPA ROAD
 PALM HARBOR FL 34684
 US

C/O GOLDSTAR MANAGEMENT
 34072 US 19 NORTH
 PALM HARBOR FL 34684-2644
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3074893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, WILLIAM
C/O GOLDSTAR MANAGEMENT
34072 US 19 NORTH
PALM HARBOR FL 34684

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

William Goldman

WILLIAM GOLDMAN

2-23-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROTHBERG, DAVID M	
STREET ADDRESS	3820 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBSON, KORRY	
STREET ADDRESS	3820 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KILEY, KEVIN D	
STREET ADDRESS	3820 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHLAU, ARON	
STREET ADDRESS	3820 TAMPA ROAD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Kevin D. Kiley

2-24-00

727

7856422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)