

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

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03-25-2002 90173 024 ****61.25

DOCUMENT # N42705

1. Entity Name

CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC

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
 US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O GOLDSTAR MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2435 US HWY 19 STE 270

City & State

City & State

HOLIDAY FL

4. FEI Number

59-3074893

Applied For

Not Applicable

Zip

Country

Zip

Country

34691

USA

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 **GOLDMAN, WILLIAM**
 Street Address (P.O. Box Number is Not Acceptable)
C/O GOLD STAR MGMT CO INC
2435 US HWY 19 STE 270
 City **HOLIDAY FL** Zip Code **34691**

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* **3/12/02**
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ROTHBERG, DAVID M	3820 TAMPA ROAD	PALM HARBOR FL 34684				
VPD	ROBSON, KORRY	3820 TAMPA ROAD	PALM HARBOR FL 34684				
SD	KILEY, KEVIN D	3820 TAMPA ROAD	PALM HARBOR FL 34684				
TD	SCHLAU, ARON	3820 TAMPA ROAD	PALM HARBOR FL 34684				
D	KANE, JESSE	3820 TAMPA ROAD	PALM HARBOR FL 34684				

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: William Goldman *William Goldman* **3-13-02** **727-785-6402**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)