
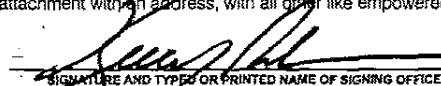


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

RECEIVED JAN 22 2007
FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N42705				
1. Entity Name CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business GOLD STAR MANAGEMENT 2435 US HWY 19, STE. 270 HOLIDAY, FL 34691 US		Mailing Address C/O GOLDSTAR MANAGEMENT CO. 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ULM, JEFFREY C/O GOLDSTAR MANAGEMENT CO, INC. 2435 US HWY 19, SUITE 270 HOLIDAY, FL 34691		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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROTHBERG, DAVID M	NAME		
STREET ADDRESS	3820 TAMPA ROAD STE 101	STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	000000604020 01/25/07-80036-014 61.25	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBSON, KERRY	NAME		
STREET ADDRESS	3820 TAMPA ROAD STE 201	STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILEY, KEVIN D	NAME		
STREET ADDRESS	3820 TAMPA ROAD STE 201	STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHLAU, ARON	NAME		
STREET ADDRESS	3820 TAMPA ROAD STE 102	STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Kerry Robson	1/18/07 27-789-2826	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

corp fee 1/22