

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42705

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** CORNERSTONE DOCTORS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434, STE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

FEI Number: 59-3074893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ULM, JEFFREY  
C/O GOLDSTAR MANAGEMENT CO, INC.  
2435 US HWY 19, SUITE 270  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

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: JAMES W HART JR

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROTHBERG, DAVID S  
Address: 3820 TAMPA ROAD STE 101  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP ( ) Delete  
Name: ROBSON, KERRY  
Address: 3820 TAMPA ROAD STE 201  
City-St-Zip: PALM HARBOR, FL 34684

Title: SD ( ) Delete  
Name: KILEY, KEVIN D  
Address: 3820 TAMPA ROAD STE 201  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Delete  
Name: SCHLAU, ARON  
Address: 3820 TAMPA ROAD STE 102  
City-St-Zip: PALM HARBOR, FL 34684 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ROBSON, KERRY DR  
Address: 3820 TAMPA ROAD #201  
City-St-Zip: PALM HARBOR, FL 34684

Title: TSD (X) Change ( ) Addition  
Name: ROTHBERG, DAVID DR  
Address: 3820 TAMPA ROAD #101  
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change ( ) Addition  
Name: SCHLAU, ARON DR  
Address: 3820 TAMPA ROAD #102  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR KERRY ROBSON

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date