

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 032 ****61.25

DOCUMENT # *A 42705*

1. Entity Name
Cornerstone Doctors Condominium Ass. Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Gold Star Management
Suite, Apt. #, etc.
2435 US Hwy 19 Ste 270
City & State
Holiday FL
Zip
34691
Country
USA

3. Mailing Address
Gold Star Management
Suite, Apt. #, etc.
2435 US Hwy 19 Ste 270
City & State
Holiday FL
Zip
34691
Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3074893

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Goldman William
Street Address (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent.

William Goldman
SIGNATURE

WILLIAM GOLDMAN

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD Aotenberg, David M 3820 TAMPA Rd. STE 101 Palm Harbor FL 34684</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD Robson, Harry 3820 TAMPA Rd. STE 201 Palm Harbor FL 34684</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD Hiley, Kevin 3820 TAMPA Rd. STE 201 Palm Harbor FL 34684</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD Schlau, Aron 3820 TAMPA Rd. STE 102 Palm Harbor, FL 34684</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Kane, Jesse 3820 TAMPA Rd. STE 202 Palm Harbor FL 34684</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/5/03 (727) 786-8302
Date Daytime Phone #

CR2E037B (12/02)