2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # N9500003002 1. Entity Name CORNERSTONE ESTATES HOMEOWNERS ASSOCIATION, INC. 05-17-2000 90848 036 ****61.25 Principal Place of Business Mailing Address 5712 14XH AVE N POB 1742# CLEARWATER FL 33760 TER FL 33765-2616 2. Principal Place of Business WANEK PROPERTY MANAGEMENT 3. Mailing Address SUMANEK BROPERTY MANAGEMENT Suite2455#Nets. COACHMAN ROAD DO NOT WRITE IN THIS SPACE 2155 N.E. COACHMAN ROAD CLEARWATER, FL 33765 City & Sta@LEARWATER, FL 33765 Applied For City & State 4. FEI Number 59-3359512 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANEK PROPERTY MANAGEMENT Street Address (i KLEPACKL WILLIAM 2155 N.E. COACHMAN ROAD 5712 1477FAVE N CLEARWATER, FL 33765 CLEADWATER FL 33760 Zip Code City Fi 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 (NOTE: F 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete Addition TITLE TITI F DE BOER, RICHARD 5773 147 TH AV. N. KLEPACKI, WHETAM NAME NAME STREET ADDRESS 5712 147TN AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 CLEARWATER ☐ Change Addition Delete TITLE TITLE GOTT, HUGH 57/3' 147 TH AV. N. DEBDER, RICHARD R NAME NAME STREET ADDRESS STREET ADDRESS 5773 -147TELAVE N CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33760 Delete BLANKENSIDIP, CINTHIA 5797 147 TN AV. N. Addition ☐ Change TITLE TITI F BERISLAVICH, JOANA NAME NAME STREET ADDRESS STREET ADDRESS 5748 147TH/AVE N CITY-ST-ZIP CLEARWATER CITY-ST-ZIP CLEARWATER FL 33760 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date DayLime Phone #

changed, or on an attachment with an address, with all other like empowered