2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT # N95000003002

1. Entity Name

CORNERSTONE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

CORNERSTONE ESTATES HOMEOWNERS ASSOC.

P.O. BOX 17988

CLEARWATER, FL 33762 US



FILED Apr 30, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

SIGNATURE:

FEI Number	Applied For
59-3359512	Not Applicable
	60.7E

5. Certificate of Status Desired

04272005 No Chg-NP

\$8.75 Additional Fee Required

727-215-064

CR2E037 (10/03)

DEBOER, RICHARD
5773 147TH AVE. N.
CLEARWATER, FL 33765

DO NOT WRITE
IN THIS SPACE

	e named entity submits this statement for the titions of registered agent.	ne purpose of changing its register	ed office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	I'lle if applicable. (NOTE, Register	ed Agent signatur	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	RECTORS			The second secon
TITLE NAME STREET ADDRESS GITY-ST-ZIP	TD DE BOER, RICHARD 5773 147TH AVE N CLEARWATER, FL 33760				,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORTWRIGHT, JULIE 5712 147TH AVE N CLEARWATER, FL 33760				05/02/05-80103-004 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANNING, CRAIG 5784 147TH AVE. N. CLEARWATER, FL 33760			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOSHEFF, LISA 5772 147TH AVE NO CLEARWATER, FL 33760			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDENFARTH, ALLYN 5748 147TH AVE. N. CLEARWATER, FL 33760				نالتي المنظم المنظم التي المنظم التي التي التي التي التي التي التي التي
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empower	s filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi	mption state ture shall hav red by Chap	d in Section 119.07(3)(i ve the same legal effec- ter 617, Florida Statute), Florida Statutes. I further certify that the information t as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if