

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91149 024 \*\*\*\*61.25

0102046

DOCUMENT # N95000003002

1. Entity Name

CORNERSTONE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RI  
CLEARWATER FL 33765  
US

Mailing Address

WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RI  
CLEARWATER FL 33765  
US

2. Principal Place of Business

*Assoc.*  
*Cornerstone Estates Homeowners*

3. Mailing Address

*Cornerstone Estates HOA, Inc.*

Suite, Apt. #, etc.

*P.O. Box 17988*

Suite, Apt. #, etc.

*P.O. Box 17988*

City & State

*Clearwater FL*

City & State

*Clearwater FL*

Zip

*33762*

Country

*USA*

Zip

*33762*

Country

*USA*



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3359512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WANEK PROPERTY MANAGEMENT  
2155 NE COACHMAN RD  
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

*Richard DeBoer*

Street Address (P.O. Box Number is Not Acceptable)

*5773 147th Ave. N*

City

*Clearwater*

FL

Zip Code

*33760*

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

*Richard R. DeBoer* *Richard DeBoer* *Treasurer*

*4-28-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	DE BOER, RICHARD	
STREET ADDRESS	5773 147TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOTT, HUGH	
STREET ADDRESS	5773-147TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, CYNTHIA A	
STREET ADDRESS	5797 147TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARTWRIGHT, JULIE	
STREET ADDRESS	5712 147TH AVE NO	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, KAREN	
STREET ADDRESS	5796 147TH AVE NO	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeBoer, Richard	
STREET ADDRESS	5773 147th Ave. N.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	UD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Toshell, Lisa	
STREET ADDRESS	5772 147th Ave. N.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manning, Craig	
STREET ADDRESS	5784 147th Ave. N.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cartwright, Julie	
STREET ADDRESS	5712 147th Ave. N.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldenfarb, Allyn	
STREET ADDRESS	5748 147th Ave. N.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard R. DeBoer* *Richard DeBoer*

*4-28-03*

*727-25-0647*

CR2E037 (10/02)