

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000029765

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** THE CORNERSTONE GROUP OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5001 N. DIXIE HWY  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

5001 N. DIXIE HWY  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 65-0584372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHATZ, RANDEE S  
220 SUNRISE AVENUE  
SUITE 209  
PALM BEACH, FL 33480 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRAIG T. DUCKWORTH  
Address: 4345 SUGAR PINE DR.  
City-St-Zip: BOCA RATON, FL

Title: ST ( ) Delete  
Name: TROYAN, JOHN  
Address: 1019 W. ROYAL PALM RD  
City-St-Zip: BOCA RATON, FL 33486

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TROYAN

ST

04/29/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date