

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047875

1. Corporation Name

CORNERSTONE SELECT HOMES, INC.

Principal Place of Business

1077 HWY A1A
SATELLITE BEACH FL 32937

Mailing Address

P.O. BOX 729
MELBOURNE BEACH FL 32902

FILED

99 JAN -7 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

59-3319649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 2510 S. Hiway A1A

Suite, Apt. #, etc.

22

2a. Mailing Address

26 PO Box 729

Suite, Apt. #, etc.

27

City & State

23 Ft. Pierce, FL

Zip

34949

Country

25 USA

City & State

28 Melbourne, FL

Zip

32902

Country

30 USA

9. Name and Address of Current Registered Agent

DEHARDER, ROBERT
1077 HWY A1A
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name Robert DeHarder
82 Street Address (P.O. Box Number is Not Acceptable)
2510 S. Hiway A1A
83
84 City Ft. Pierce FL 85 Zip Code 34949

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert DeHarder

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEHARDER, ROBERT

STREET ADDRESS 1077 HWY A1A

CITY-ST-ZIP SATELLITE BEACH FL

TITLE VP ☒ DELETE

NAME WADDELL, JUANITA

STREET ADDRESS 1095 NORTH A1A

CITY-ST-ZIP INDIANLANTIC FL 32903

TITLE VP ☒ DELETE

NAME LAMBDIN, DAN

STREET ADDRESS 1077 HWY A1A

CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE A, V, S, T, D ☒ Change ☐ Addition

1.2 NAME Robert J. DeHarder

1.3 STREET ADDRESS 2510 S. Hiway A1A

1.4 CITY-ST-ZIP Ft. Pierce, FL 34949

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE Robert DeHarder

1-6-99 407-431-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0118489