

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P96000082686

1. Entity Name
CORNERSTONE PROPERTIES OF SARASOTA, INC.



Principal Place of Business
**2156 10TH STREET
SARASOTA, FL 34237**

Mailing Address
**2156 10TH STREET
SARASOTA, FL 34237**



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0718369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAUFFMAN, SCOTT
2156 10TH STREET
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAUFFMAN, K. SCOTT
STREET ADDRESS	1645 FOX CREEK DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	SHUE, MICHAEL
STREET ADDRESS	7115 INDIAN BOW LANE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	S
NAME	SHUE, RICHARD
STREET ADDRESS	2546 RIVER RIDGE RD
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	T
NAME	SHUE, LARRY
STREET ADDRESS	7030 RICHARDSON RD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-80089-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

K. Scott Kauffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/08

DATE

941-366-9651

Daytime Phone #