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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007209 (4)

CORNERSTONE HOMEBUYERS, INC.

OOM	LINGTONE HOMEDOTEIN), IIIO.				
Principal Place	e of Business	Mailing Address				18414 18818 11641 86112 1811 1861
206 THIRD AVENUE. SOUTH 206 THIRD AVENUE. SO						
JACKSONVILLE FL 32250 JACKSONVILLE FL 32250			FL 32250		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified) or ACL
					01/24/1997	
2. Principal P	lace of Business	26. Mailing Addre	ess		4. FEI Number	Applied For
21		26			59-342303	
Suite, Apt.	#. etc.	Suite, Apt. #,	etc.			\$8.75 Additional
├ ──		27	_		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		-	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Registered	d Agent
	orrien, Brian		B1 N	łame		
448 LAPASADA CIRCLE, WEST				Street Addres	ss (P.O. Box Number is Not Acceptable)	<u></u>
-P 6	ONTE-VEDRA FL-02002		1 1			
l,	4560 SAN PA	blo DR. N	83			
77	JACKSONVILLE, 1	FL 32224	B4 C	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florid	la Statutes, the above-n	amed corpor	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registered
office or r	egistered agent, or both, in the Si m familiar with, and acced the A	tale of Florida. Such chan Moations of Section 607.	ge was authorized by th 0505. Florida Statutes.	e corporatio	in's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	$1 \times 1 \times$		1/P.		4/6/98	
SIGNATURE	Signature, typici or printed name of regist rec	d agent and title if applicable	(NOTE: Registered Agent s	ignature required	when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSD	☐ DE	LETE 1.1 TITLE	ĺ		Change Addition
NAME	GALLIGAN, ELIZABETH A		1.2 NAME			
STREET ADDRESS	2459 OAK FORST DRIVE		1.3 STREET ADI	DRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH F		1.4 CITY-ST-Z	IP		
TITLE	VPTD	∐ D£	LETE 2.1 TITLE			Change L. Addition
NAME	Borrien, Brian		2.2 NAME		- 011 D-	n J
STREET ADDRESS	448 LAPASADA CIRCLE,		2.3 STREET ADI	DRESS 44	660 San Pable UR.	IV.
CITY-ST-ZIP	PONTE VEDRA BEACH F		2. 4 CITY - ST - 2	21P 27V	660 San Pablo Dr.	224
TITLE	_	∐ DE	LETE 3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADI	DRESS		
CITY-ST-ZIP			3.4. CITY-ST-2	(IP		
TITLE	_	☐ DE	LETE 4.1 THLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADD	DRESS		
CITY-\$T-ZIP			4.4 CITY-ST-Z	IP .		
TITLE		☐ DE	LETE 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADI	DRESS		
CITY-ST-ZIP			5.4 CITY-ST-Z)P		
TITLE		☐ DE	LETE 6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	DRESS		
			■	_		

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.

Plus A Male : Elizabeth A. Galligan U-6-94 (904) 2