

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
1900 W. EAU GALIE BLVD
SUITE 201
MELBOURNE FL 32935

APPROVED
AND
FILED

SEVEN - 1 - 1996

RECEIVED THE
TREASURER'S OFFICE

DOCUMENT # **S55050** (6)

1. Corporation Name

CORNERSTONE HOME MORTGAGE CORP.

2. Principal Place of Business
1800 W EAU GALIE BLVD
SUITE 201
MELBOURNE FL 32935

3. Mailing Address
1800 W EAU GALIE BLVD
SUITE 201
MELBOURNE FL 32935

USE THIS SPACE

3. Date of Corporation or Qualification **05/20/1991** 3a. Date of Last Report **01/21/1994**

4. FEI Number **59-3066265** 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 has liability for nonpayment of taxes in 1994. Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **6767 N. Wickham Rd**

22. **Suite #500**

23. **MELBOURNE, FL**

24. **32940**

25. **USA**

2a. Mailing Address

26. **6767 N. Wickham Rd**

27. **Suite #500**

28. **MELBOURNE, FL**

29. **32940**

30. **USA**

9. Name and Address of Current Registered Agent

**FRESE, GARY B.
930 S HARBOR CITY BLVD
SUITE 505
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Numbering Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607 (a)(2) and 607 (b)(4) 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 (b)(4) Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent

Signature of Registered Agent or Director

12

12. OFFICERS AND DIRECTORS

NAME	DP
NAME	HARGRAVE, THOMAS M.
STREET ADDRESS	818 LULLWATER DR
CITY	OVIEDO FL
NAME	D
NAME	BEUSCHER, HOWARD W.
STREET ADDRESS	830 KERRY DOWNS CIR
CITY	MELBOURNE FL
NAME	DV
NAME	BUESCHER, KEITH H.
STREET ADDRESS	774 GLENGARY DRIVE
CITY	MELBOURNE FL
NAME	ST
NAME	FAY, JOSEPH TIMOTHY
STREET ADDRESS	1946 GLENMEADOWS CIR
CITY	MELBOURNE FL
NAME	
NAME	
STREET ADDRESS	
CITY	
NAME	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P	☒ Change ☐ Addition
2. NAME	MARRO, FRANK	
3. STREET ADDRESS	306 OAK HILL DR	
4. CITY	ALTAMONTE SPRINGS, FL	
5. NAME		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY		
9. NAME		☒ Change ☐ Addition
10. NAME	552 LAKE VICTORIA C	
11. NAME		
12. NAME	S	☒ Change ☐ Addition
13. NAME	BIRT, NANCY	
14. STREET ADDRESS	1140 GRAPEFRUIT	
15. CITY	PALM BAY, FL	
16. NAME	T	☐ Change ☒ Addition
17. NAME	KUSH, ROBERT M.	
18. STREET ADDRESS	837 OAK PARK DR	
19. CITY	MELBOURNE, FL	
20. NAME	V	☐ Change ☒ Addition
21. NAME	GIRARD, SUSAN BUESCHER	
22. STREET ADDRESS	6767 N. WICKHAM RD., STE 500	
23. CITY	MELBOURNE, FL	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (2)(a) 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 this corporation or the registered agent or both in the State of Florida and that I am qualified to execute this report as required by Chapter 119 Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I will be changed or corrected after filing with any errors.

SIGNATURE:

Nancy A. Birt
NANCY A. BIRT

4-28-95

407-259-6972