

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001573

FILED  
Jul 18, 2005  
Secretary of State

**Entity Name:** STEVENS PLANTATION RESIDENTIAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

610 SYCAMORE STREET, SUITE 140  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

610 SYCAMORE STREET, SUITE 140  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MANTZARIS, DANIEL F  
332 N. MAGNOLIA AVENUE  
ORLANDO, FL 32802 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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SANGIOVANNI, GLENN  
Address: 610 SYCAMORE STREET, SUITE 140  
City-St-Zip: CELEBRATION, FL 34747

Title: DT ( ) Delete  
Name: MCCORKLE, JEFF  
Address: 610 SYCAMORE STREET, SUITE 140  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: RALLIS, JOHN  
Address: 610 SYCAMORE STREET, SUITE 140  
City-St-Zip: CELEBRATION, FL 34747

Title: DVP ( ) Delete  
Name: HOPPER, MICKEY  
Address: 610 SYCAMORE STREET, SUITE 140  
City-St-Zip: CELEBRATION, FL 34747

Title: DS ( ) Delete  
Name: DAVIS, WADE  
Address: 610 SYCAMORE STREET, SUITE 140  
City-St-Zip: CELEBRATION, FL 34747

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN SANGIOVANNI

PRES

07/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date